

## CORPORATION OF GLASGOW

Health and Welfare Department

## SCHOOL HEALTH SERVICE

# REPORT

ON THE

# Medical Inspection and Treatment of School Children

FOR THE YEAR ENDED 31st JULY, 1953

Ordered by the Committee on Health and Welfare to be printed



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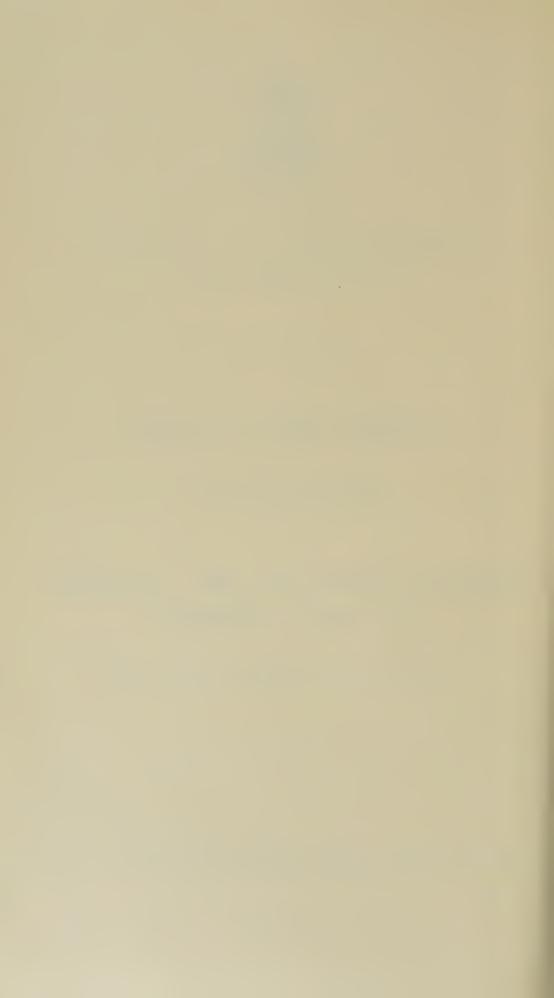
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#### GENERAL INTRODUCTION

This REPORT is the forty-fourth since the establishment of medical inspection in Glasgow in the year 1909, the twenty-third since the transfer to the Health Department of the Corporation in 1930, and the fifteenth since the form of report was re-cast following the introduction throughout the country of a uniform method of recording at the request of the Department of Health for Scotland.

Some expansion in the work of the School Health Service was made possible by the appointment of additional staff but the full benefit of the increased establishment was not realised within the period owing to the prolonged absence from duty through illness of several medical officers.

Provision for the treatment of children attending schools in two of the new housing scheme areas was made, from the beginning of the school session, at local clinics in Berryknowes Road and in Leithland Road School.

With the employment of additional medical auxiliaries, the systematic visitation of special schools for the purpose of treating children with speech defects was instituted and it was found possible to accept more orthopaedic patients for treatment at school clinics.

Co-operation with agencies outside the Corporation was extended during the year; in particular, the arrangements with the Hospital Board organisation. The shortage of aurists allotted to school clinics by the Board continued, but the mounting list of special ear cases awaiting examination was brought within manageable proportions by the offer of specialist facilities at the hearing-aid clinics of two hospitals. In addition, a follow-up of school children who possessed hearing-aids was undertaken in conjunction with one of the hospitals. Additional hospital sessions were devoted to tonsils and adenoids operations, more beds were allocated for orthopaedic cases and the mass miniature radiography unit resumed full-time activities with the examination of almost 14,000 fourteen-year-old school children.

The normal work of the Service proceeded much as usual. School Medical Officers gave a smaller proportion of their time to duties other than those relating to systematic medical inspection and treatment. In

particular, the scheme of general inspection of school premises had to be curtailed by reason of the staff absences mentioned above and the number of refraction sessions was unavoidably reduced.

The opening of more new schools and the continued increase in the numbers of children enrolling led to the routine medical examination of the greatest number of pupils in any one year—52,939 were seen at "ordinary" schools during the period.

Results of routine medical inspection were again satisfactory, the percentage of children with no recorded defect (43.5) being the highest yet recorded in these Reports. Of the defects found, a large proportion were of a minor nature capable of being remedied within a short space of time. In fact, the less remediable type of ailment was being encountered less frequently than ever before.

The average measurements also continued to increase, the improvement in the physique of the Glasgow school child over many years being remarkably consistent. In the following table, the increases in the average height and weight during the past fifteen years are shown separately for boys and girls in each of the three selected age-groups.

Age-group.	Increase at 1953 compared with 1939.				
Age-group.	Boys.	Girls.			
5-year-olds 9-year-olds 13-year-olds	1.01 ins., 1.81 lbs. 1.04 ins., 2.56 lbs. 1.51 ins., 5.90 lbs.	0.91 ins., 1.61 lbs. 0.86 ins., 2.34 lbs. 1.04 ins., 4.80 lbs.			

Cleanliness of school children was slightly improved, school medical officers discovering fewer at routine medical inspection. The results of inspection by nurses, however, were variable, cleanliness inspectresses reporting fewer children with vermin and sanitary nurses recording fewer with nits infection. At the Hygiene Units some improvement was also noted and the experimental use of full-time welfare attendants at six of the schools was beginning to show satisfactory results.

Speech therapy was extended, as already mentioned, and details of two surveys are given in this Report, showing the incidence of speech defects among pupils attending schools for the handicapped and among children at nursery schools and day nurseries.

The usual treatment facilities were again available and were increased in some directions by reason of co-operation with the Hospital Board, as already described—more children suffering from ear disease

and defective hearing being examined by specialists and increased numbers of orthopaedic and tonsils and adenoids cases being treated in hospital.

Once again, the pre-eminence of the school clinic for the treatment of superficial conditions was demonstrated by the increased attendances of children with cuts, bruises and minor injuries. All over, however, there was a slight decrease in the numbers seen at school clinics, exceptions being cases of skin disease, "general" diseases, orthopaedic conditions and cases at the special cardiac clinic. Eye diseases continued to decline, the fewer major conditions which require protracted treatment causing a large fall in the total attendances. The ophthalmic services functioned less satisfactorily for reasons stated above and fewer cases could be refracted and consequently fewer were supplied with spectacles.

The diphtheria immunisation annual campaign attracted greater numbers, mostly for re-inforcing injections and the Audiometric Survey scheme again operated satisfactorily.

In the body of this Report appears a summary of an investigation of asthma cases by Dr. T. W. Gemmell, in which he details the results of his labours with the first hundred cases.

Dental inspection and treatment continued much as before, except that more schools were placed on the routine dental inspection list. An innovation was the introduction of a modified "follow-up" scheme as regards children whose parents had declared their intention to seek treatment privately. More children were actually treated at dental clinics (including orthodontic cases) than in the previous year. The emergency dental clinic was discontinued and all emergency cases were requested to attend the local clinic.

In addition to the usual co-operative efforts with others, the School Health Service took part in an Exhibition of Educational Activities sponsored by the Education Department. At the request of the National Joint Committee investigating the health of a group of children, school nurses visited the homes and school medical officers examined the children at school clinics.

The usual information appearing in these reports is again supplied and in a new appendix appear details of the relationship between the social group and the severity of the defects found in children at routine inspection. Graphs of the average measurements of Glasgow school children in three age-groups are also given. I should like to express my gratitude and appreciation to the Conveners and members of both Health and Welfare and Education Committees for their support and encouragement in the promotion of an efficient School Health Service. To the Director of Education, officials of the Education Department, Head Teachers and Class Teachers I would also offer thanks for their co-operation and assistance in the discharge of the manifold administrative and other duties associated with school health work.

Finally, my personal appreciation and thanks are due to the Medical, Dental, Nursing and Clerical Staffs for the efficient and conscientious manner in which they carried out their duties and especially to Mr. James A. Stewart, Chief Clerk, for the collation and method of presentation of the statistical matter included within these pages.

JAMES EWAN, M.B., Ch.B., D.P.H., D.P.A. Principal Medical Officer.

155 BATH STREET, GLASGOW, C.2.

24th February, 1954.

#### 1.—LIST OF STAFF

#### (a) WHOLE-TIME STAFF.

- 1 Principal Medical Officer; 2 Assistant Principal Medical Officers (1 for Child Guidance Work); 20 School Medical Officers (1); 1 Chief Dental Officer; 16 School Dental Officers; 1 Superintendent School Nurse; 74 Nurses (including 7 employed as Cleanliness Inspectresses) (2); 6 Speech Therapists (3); 2 Audiometricians; 4 Physiotherapists (4); 1 Occupational Therapist (5); 1 Chief Clerk; 36 Clerks (6); 16 Dental Attendants; 1 Default Officer.
- (1) Dr. Charles C. Irvine resigned on 2.10.52. Dr. Hope Scott and Dr. Walter A. Todd were appointed to the staff on 6.10.52 and 2.2.53 respectively.
- (2) During the session 6 nurses resigned, 1 died and 10 were appointed. One nurse was seconded to the University.
- (3) Miss Ella Cobb and Miss Dorothy McKirdy were appointed to the staff on 18.8.52, Miss Marion Guy and Miss Margaret Quin on 1.9.52 and Miss Mary McAlister was appointed on 25.8.52. Mrs. Myra Graydon's services terminated on 31.7.52.
- (4) Miss Margaret Adam, Miss Margaret Bell, and Miss Jean McLuskic were appointed on 2.2.53. Miss Sheila Smart resigned on 4.7.53.
- (5) Miss Winifred Dobbie was appointed on 4.6.53.
- (6) During the session, 5 clerks resigned and 6 were appointed.

#### (b) PART-TIME STAFF.

2 Dentists; 12 Consultants; 1 Dental Attendant.

Local doctors and dentists undertook emergency duties at the residential schools and at Mossbank Approved School in accordance with separate arrangements made with the local Executive Councils.

Other members of the staff primarily engaged in the dental treatment of ante-natal patients and nursing mothers are detailed below. The whole-time staff devoted a small proportion of their time to school dental work.

ANTE-NATAL DENTAL STAFF.

Whole-time.

1 Dental Officer; 2 Nurses; 5 Workshop Technicians. Part-time.

1 Dental Officer; 1 Nurse.

Of the total of 10,505 periods (half-days) worked by the School Medical Officers, 9,112 were given to the work of Medical Inspection and Treatment and 1,393 periods were devoted to other work as follows:—

residential school examinations, 300; junior club and school camp examinations, 261; holidays abroad, 26; harvesters' examinations, 135; diphtheria immunisation, 505; general inspection of schools, 77; examinations of school meals' service staff, 67; and 22 periods to examinations of pre-vocational and nursing students and printers' apprentices.

Of the total of 8,542 working periods, School Dental Officers devoted 8,383 periods to the normal work of Dental Inspection and Treatment, and 159 periods to duties (including holiday relief) in the Ante-Natal section.

Included in the working periods shown above is the time spent on administrative duties by the Principal Medical Officer, the Assistant Principal Medical Officer and the Chief Dental Officer, as well as the half-days allocated to the meetings of both medical and dental staffs.

#### 2.—GENERAL STATISTICS

Area of	City in acres			39,725	
Populati	ion of the area (estima	ited)	1	,086,800	
Density	of Population per acr	e		28	
Number	of Schools-				
(a)	Primary		163		
(b)	Junior Secondary		47		
(c)	Senior Secondary		29		
( <i>d</i> )	Schools for Handicapp	ed			
	Children		23		
(e)	Approved Schools	• • •	1		
( <i>f</i> )	Residential Schools		12		
(g)	Nursery Schools	• • •	40		
(h)	Hospital Schools	• • •	6		
(i)	Agricultural Schools		1		
(j)	Gardening Schools		1		
(k)	Occupational Centres		9		
		-			
	Total Schools Under Ed	lucation			
	Authority		332		
(l)	Schools in receipt of				
	and under medical insp	ection	4		
				336	
Average	e number of children of	n registe	r	176,587	
Average	e number of children in a	ttendand	ce	157,384	(89.1%)

#### 3.—SANITARY CONDITION OF SCHOOLS

School Medical Officers acting under Section 20 (4) of the Education (Scotland) Act, 1946, paid a total of 77 visits to 75 schools (including nursery and residential schools). General inspection of the premises in each instance was undertaken, special regard being given to lighting, heating, ventilation and to the sanitary arrangements. Moreover, on the occasion of each visit, the Head Teacher and class teachers were interviewed by the School Medical Officer who took the opportunity of discussing with them the health and well-being of their pupils and giving advice in particular cases.

Of the schools visited, 18 were returned as "nothing to report" and the various defects found in the remainder by the Medical Officers were notified to the appropriate section of the Education Department for consideration and, if practicable, necessary action. In some instances the defects were attributable to the age of the buildings and could not easily be rectified.

The principal defects reported were:—inadequacy of washing facilities, including the absence of hot water, (18); inadequacy of lavatory accommodation, (13); defects of lighting and heating, (11); disrepair of playground surfaces and lack of sufficient shelters, (11); insufficiency of cloakroom accommodation, (8); absence or inadequacy of a medical inspection room, (6); insufficiency of staffroom accommodation, (6). Other complaints included insufficiency of classroom accommodation, (4); disrepair or insufficiency of drinking fountains, (3) and various other defects, mostly structural.

Below are given summarised extracts from a report prepared by the Architectural and Planning Department (Education) relating to the work wholly completed during the year ended 31st July, 1953, (exclusive of work carried out on a jobbing basis) in schools and other educational establishments. The total number of establishments affected is shown in parenthesis for each group listed.

Washing facilities. Installation or renewal of baths, shower fittings, wash-hand basins, sinks, water heaters and hot water supplies. (26).

Lavatories. New water-closets; renewal of or repair to existing lavatories. (13).

Heating. Installation or replacement of boilers; insulation work; installation of heating system. (35).

Electrical work. Installation, renewal or repair of lighting system; installation of water immersers, bells, motors, etc. (69).

Playgrounds, etc. Provision of and repairs to playgrounds, footpaths and boundary walls. (33).

New accommodation and alterations. Cloakrooms; classrooms; staffrooms; janitors' houses; hygiene and medical inspection rooms; bathrooms; playing-fields. (98).

Water supply. Installation or renewal of drinking fountains and storage cisterns; installation of water mains; renewal of supply pipes. (26).

Floors and stairs. Renewal or repair of flooring in halls, classrooms and gymnasia; tiling. (14).

Roofs, walls, ceilings, etc. Provision, renewal or repair of chimneys, roofs, ceilings, gutters, conductors and walls. (41).

Miscellaneous. Fencing and railings (5); linoleum and furnishings (exclusive of supplies by requisition) (39); wireguards or panels for windows, radiators and heaters (29); fire extinguishers (26); cookers (6). New dining-rooms (15) and kitchens (2) were opened during the year and some alterations and improvements made to existing centres (29). New schools (18) were completed by the end of the year.

#### 4.—ORGANISATION AND ADMINISTRATION

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

See Report for 1949, page 11.

#### INSPECTION.

The scheme of inspection in Session 1952-53 was carried out in accordance with the requirements of the Secretary of State for Scotland as set out in D.H.S. Circular No. 64/1952, dated 1st August, 1952, and is shown below. Statistical and other details are given elsewhere in this Report. Arrangements in connection with Nursery Schools will be found in Appendix VII, page 83.

In *ordinary* schools the systematic (routine) medical inspection was as follows:—

- (a) Children in the Infant Department who had not previously been subjected to detailed routine inspection ("Entrants-Infants").
- (b) Children born in 1939 ("Leavers").
- (c) Children born in 1943 ("Intermediates").
- (d) Children born in 1936 ("Secondary Pupils").
- (e) Children born in 1945 (Vision and hearing only).

Groups (a), (b), (c) and (d) were presented in the order stated above and on the whole the inspection of each routine age-group was completed throughout the City before proceeding to the next group. Examination of the children in group (e) was undertaken by Nurses who made their own arrangements with Head Teachers.

Other inspections made were :-

- (a) Pupils outwith the groups already named who were specially presented at any inspection on account of disease or defect observed by teacher.
- (b) Pupils approaching "fixed dates" for leaving school presented for "Leaving Interviews."
- (c) Pupils found at previous inspection to be suffering from disease or defect who were presented for re-examination at intervals determined by the School Medical Officer.

In schools and classes for physically and mentally handicapped children routine medical inspection was also provided; the groups examined were: "entrants" (which included children of any age who had not previously been examined), "intermediates" and "leavers" (pupils approaching 15 or 16 years of age). In addition, physically handicapped pupils were specially examined twice annually with a view to fitness for ordinary school, on approaching 12 years of age as to secondary education and at intervals before leaving with regard to fitness to enter employment. Mentally handicapped pupils were examined biennially with regard to fitness for ordinary school and at intervals as required and before leaving by the visiting Psychiatrist.

Other arrangements continued throughout the Session included Routine Dental Inspection by dental officers of pupils in selected schools, Cleanliness Inspection by nurses, Diphtheria Immunisation (including an annual campaign in schools), Mass Radiography of children when the Unit was available, and the General Inspection of schools by medical officers.

TREATMENT

The list of the clinics and the medical services provided are shown in the following table:—

	car			t)			S
CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	X-Ray (Skin treatment)	Ultra-violet Ray	Orthopaedic	Scabies Baths
18 Plean Street, W.4 4 Sandy Road, W.1 130 William Street, C.3 60 Avenuepark Street, N.W. Henderson Street School, N.W. Dobbie's Loan School, C.4 91 Denmark Street, N. Hyde Park School, 70 Mollinsburn Street, N. 15 Glenbarr Street, N. 155 Crail Street, E.1 Calton School, 18 Dornoch Street, S.E. 10 Redan Street, S.E. Rumford Street School, S.E. Calder Street School, S.E. 26 Florence Street, C.5 20 Harriet Street, S.3 29 Govan Road, S.W.1 Broomloan Road School, S.W.1 Fairfield School, Fairfield Street, S.W.1 74 Berryknowes Road, S.W.2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 4 2 1 1 1 2 1 1 1 2 1				
Leithland Road School, S.W.3	1			_		_	

The new clinics at Berryknowes Road and Leithland Road were opened on 1.9.52.

Calton Dental Clinic functioned on three days per week from 12.1.53.

Additional medical facilities were again available for school children in hospitals administered by the Western Regional Hospital Board. Arrangements for tonsils and adenoids operations were continued in the various hospitals as well as facilities for X-ray examination and for operative and other treatment of children referred from the school clinics for ear disease. Heart and orthopaedic cases were admitted to hospital as and when advised by the respective consultants.

All treatment at clinics or in hospital was provided free of charge, an application signed by the parent being necessary in all cases.

# B. SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

See Report for 1949 (page 14).

The scheme of inspection and treatment in the period under review was unchanged except that more schools were added to the list of those coming under Routine Dental Inspection. A modified follow-up scheme was instituted for children whose parents had promised to obtain private treatment for them.

Details of the year's work, including extracts from the report of the Chief Dental Officer, are given on page 38 and in Table V, pages 77 to 79.

# C. SCHOOL NURSING AND ARRANGEMENTS FOR FOLLOWING UP.

See Report for 1949 (page 15).

The "nursing" staff, including superintendent, cleanliness inspectresses and dental attendants, devoted 44,260 working periods (half-day) to the work of medical inspection and treatment of school children (including home visitation), 300 to examinations of children proposed for admission to residental schools, 422 to examinations in connection with holidays abroad, junior club and school camps and harvesting, 505 to diphtheria immunisation, 67 to examinations of school meals' staff, and 22 periods to examinations of pre-vocational and nursing students and printers' apprentices—total periods, 42,944. Home and other visits totalled 1,906 and nurse inspectresses from the Sanitary Divisions also visited homes in connection with cases of uncleanliness discovered in the schools.

#### D. CO-ORDINATION WITH THE PUBLIC HEALTH SERVICE AND WITH OTHER DEPARTMENTS OF THE AUTHORITY WHICH RENDER SERVICES TO CHILDREN.

See Report for 1949 (page 16).

Co-operation with the Child Welfare section in connection with the Diphtheria Immunisation ad hoc clinics was continued throughout the Session. In Appendix X, page 87, details of the Annual Campaign in Schools are given.

The X-ray unit in the Cochrane Street premises of the Health and Welfare Department co-operated in the examination of the staff members in special cases when the Mass Radiography Unit at Ruchill Hospital was not available. (Details of the Mass Radiography of school children are given in Appendix VIII, page 85).

The medical examination of students attending *pre-vocational* courses was continued and 740 of these students were examined during the session.

B.C.G. Vaccination. Following a trial survey of a cross-section of "leavers" in 1952, it was decided to extend B.C.G. vaccination to that age-group. Arrangements were made for the scheme to commence in the autumn of 1953 and details of the results should be available for inclusion in the Annual Report for the 1953/4 session.

School Meals' Staff Examinations. During the year, 755 employees in school meals' kitchens were examined by School Medical Officers. The results of the examinations were as follows:—

				New	Old	
				Staff.	Staff.	Total.
Number o	ertified	fit		 95	624	719
Number o	ertified	unfit		 21	15	36
				116	639	755
Number f	ailed to	attend	1			22

The diseases or defects which caused rejection were :-

Old Staff ... Ear condition, 2; albuminuria, 1; debility, 3; mental condition, 1; heart conditions, 2; bronchitis, 2; paralysis, 1; high blood pressure, 2; varicose veins, 1.

(Five of these employees later returned to duty).

New Staff ... Lung conditions, 7; varicose veins, 3; uncleanliness, (including nits, vermin), 1; heart conditions, 3; high blood pressure, 1; glycosuria, 1; asthma, 1; epilepsy, 1; debility, 1; defective vision, 1; deafness, 1.

Co-operation with the Youth Employment Service was continued, particularly in regard to the vocational guidance of handicapped pupils.

The School Health Service also took part in an *Exhibition of Educational Activities* held in the Palace of Art—27th April to 9th May, 1953. Contributions from this Service included factual information regarding the health of Glasgow school children, the facilities provided for examination and treatment, the necessity for diphtheria immunisation and the successful treatment of scabies. These matters were illustrated by means of charts and photographs. Over 50,000 persons attended the exhibition.

# E. CO-OPERATION WITH OTHER OUTSIDE AGENCIES. See Report for 1949 (page 19).

The School Health Service co-operated with the *University of Glasgow* in connection with the curriculum for the Diploma in Public Health—arrangements were made during the year for 19 students to visit various schools and school clinics. In addition, a school nurse was seconded to the University to assist in connection with an investigation into the social adaptation of families following re-housing.

The Service again co-operated with the *National Joint Committee* which is investigating the health and development of children born during a certain week in March, 1946. School nurses made extracts from the school absence records of the Glasgow children (approximately 140 in number) and visited the homes soon after the Christmas and Easter vacations to obtain full details of any illnesses contracted during the respective holiday periods. School medical officers also examined most of these children at school clinics. Schedules relating to these inquiries were forwarded in due course to the Joint Committee.

The infectious diseases hospitals referred 190 school children (post-pneumonia cases) to School Health Service clinics for examination and after-care. Of the number reported, 47 failed to appear or intimated that they were receiving private treatment, 17 were found to be requiring no further attention, 26 were dealt with at the "general" school clinics, 10 were recommended for convalescent holidays, 4 were given orthopaedic treatment and 1 was referred for cardiac examination. The remaining 85 were placed on the list for artificial light therapy.

School clinics referred 259 school children (160 boys and 99 girls) direct to *hospitals* during the session. The ailments from which they suffered were as follows:—

Skin—		Boys.	Girls.
Wounds, etc. (minor injuries)		102	55
Fractures		11	6
Other skin conditions	• • •	30	23
General		tellerates	1
Eye		8	12
Ear, nose and throat		9	2
		1.00	
		160	99

Biggart Hospital Home, Prestwick, continued to allocate 40 beds for Glasgow school children selected by the School Health Service. During the year, 185 children were summoned to school clinics for preliminary medical examination; of the 149 who attended, 129 were considered suitable for admission to the Home.

Medical examination of 26 children going to the Children's Village, Humbie, was undertaken at the request of the *University Settlement*.

Co-operation with the family doctor was maintained in respect of children requiring special treatment (including convalescent holidays) and for giving information regarding treatment at school clinics in particular cases.

Dutch medical officers of the World Health Organisation were given facilities to visit several schools and school clinics in the course of a study tour.

### F. CO-OPERATION WITH TEACHERS AND PARENTS, WITH SPECIAL REFERENCE TO THE ATTENDANCE OF PARENTS AT INSPECTION.

The teaching staffs again gave their willing co-operation throughout the year, lending invaluable aid not only in connection with the usual work of medical supervision and treatment but in facilitating the operation of other schemes relating to the health and well-being of the pupils under their charge. Special reference may be made to the exceptional increase in the number of children presented for systematic examination during the school session and to the success of the diphtheria immunisation campaign both of which efforts were made possible largely by reason of the zeal and enthusiasm of the teachers concerned.

More parents were present at the routine inspection of their children during the period than in either of the two previous years. The all-over percentage  $(62\cdot3)$ , however, cannot be regarded with complacency, although the parents of the younger children showed improved attendances. The presence of parents at the medical examination of their children, especially of those in the lower age-groups, is necessary in order that the medical officer may obtain at first hand particulars of the medical history and discuss with parents matters concerned with the health of their children.

Several lectures bearing on the health of the school child were given during the year by school medical officers to parents', teachers' and other organisations.

#### 5.—THE FINDINGS OF MEDICAL INSPECTION

#### GENERAL REVIEW

(Detailed statistics on pages 47 to 76).

The average number of pupils on the register of all schools during 1953 was 176,587 compared with 173,037 in 1952 and 172,382 in 1951. Additional schools were opened during the session, 3 primary and 1 hospital school.

Table I (pages 47 and 48) shows the total number of school children, in the several age-groups, examined during the year ended 31st July, 1953, and comparative statistics for each of the previous two years are also supplied. In "ordinary" schools, 52,939 children were systematically examined, a total which had not been surpassed in any year previously since 1936; most of the increase was shared by the first and second age-groups. More handicapped children were systematically examined in 1953 compared with 1952 and 1951 but the total was smaller than in any other year since 1946.

Other examinations in schools reached the highest total since 1939, mainly as the result of the continuing rise in the number of reinspections and leaving interviews, the former being the greatest in any year since 1947 and the latter the most numerous since 1939. Examinations mainly at clinics were fewer than in 1952, although the totals for printers' apprentices and pre-vocational students showed consistent increase. Cleanliness Inspections by nurses, however, reached the highest total ever recorded in these Reports.

The grand total of pupils inspected during the 1953 school session was the greatest ever recorded, except for the year 1940 in which the war-time emergency examinations formed a very large proportion of the whole.

Appendix Ia, page 49, gives the numbers and percentages of individual children, according to age-group, who were notified to parents as requiring treatment for certain defects observed by the School Medical Officer at the routine examination. Further information regarding notification of parents is recorded in Appendix IIa, page 60. These tables show that the percentage of notifications to parents for "other defects" was the smallest for some years but that there was an increase in respect of notifications for defects of clothing, cleanliness or minor dental conditions.

Appendix 1b, page 50, provides information regarding the age distribution of children at the date of systematic examination. The increased numbers, to which reference has been made in connection with Table I, were due mainly to increases among pupils of the ages 5, 6, 9 and 16 years. Slightly fewer 13 year-olds were examined and this applied also to pupils in most of the intervening years of age.

In Table II, pages 52 to 58, the results of the systematic examination of children in ordinary schools during the year are arranged in such a manner as to show the numbers and percentages of the children, in the selected age-groups, who were found to be suffering from one or more of the listed defects. Totals for each of the years 1952 and 1951 are supplied for comparison. The following are some brief comments on the tabulated information.

Unsatisfactory clothing was recorded slightly more frequently than in 1952, but with that exception, the percentage (0·2) equalled the previous best; unsatisfactory footgear gave a similar return. As indicated in the 1952 Report, however, classification of these conditions is indefinite and may vary according to the individual standards of examining officers.

Uncleanliness  $(II \cdot 0\%)$  showed a slight improvement compared with the year 1952, nits being responsible for the decrease.

Skin diseases were more numerous, the increased percentage (2·2)—the highest since 1948—being due to slight increases of impetigo (head and body) and other skin conditions (body). Scabies was again negligible.

Defective nutrition fell to the lowest percentage  $(3\cdot4)$  ever recorded, but this is also a condition where differing standards are likely to influence results.

Mouth and teeth unhealthy (or oral sepsis) was reported on more occasions than in 1952 but the percentage  $(2 \cdot I)$  equalled the best figure prior to that year. Here again no precise standard exists and any conclusion must be indeterminate.

Naso-pharyngeal defects returned an improved percentage (9.3) which has only been excelled by the 1949 figure (8.9%), the best previously recorded. Fewer cases of enlarged tonsils for operation were mainly responsible for the reduction.

External eye diseases were slightly more numerous than in 1952 but the percentage  $(4\cdot2)$  compared favourably with those of other years. The increase was due to more strabismus cases being found.

Defective vision continued to improve and attained the lowest percentage (r3.6), except for that of 1949, previously recorded. The greatest improvement was in cases of "bad" vision.

Ear conditions improved to the best percentage  $(r \cdot 3)$  since the year 1950, fewer otorrhoea cases being the reason for the decrease.

Speech defects were fewer, the percentage  $(o\cdot6)$  equalling the previous best of 1950; cases of defective articulation were less numerous.

In the section devoted to mental and nervous conditions, there appears for the first time in these Reports the number of epilepsy cases discovered in the course of routine medical inspection. The percentage  $(o \cdot 3)$ , for the section, is no greater than that returned in 1952 and, if epilepsy cases were excluded, would equal the best percentage ever recorded, that in the year 1950.

Diseases of the circulatory system reached the lowest percentage  $(x \cdot o)$  ever recorded, functional conditions showing the largest single reduction.

Lung diseases showed an increased percentage (3.3) over 1952, due mainly to a rise in the number of catarrhal infections.

Deformities were more numerous, the percentage  $(i\cdot7)$  although but slightly increased, being the greatest for this section since 1948. Cases of cerebral palsy were included in this group for the first time but being few in number had little or no influence on the final percentage.

Infectious diseases  $(o \cdot I)$  and other diseases or defects  $(3 \cdot I)$ , were slightly up compared with 1952, but percentages for these tend to fluctuate from year to year. Asthma and diabetes cases were separately recorded in the Report for the first time and no comparison with other years is possible.

Appendix IIa, page 60, gives additional information extracted from the returns of routine medical inspection. The attendance of parents at the examination of their children showed some improvement, the all-over percentage  $(62\cdot3)$  being the best since 1948. Reference to notification of parents has already been made in the notes on Appendix Ia above. More children were noted for re-inspection and exclusions from school were slightly increased. The percentage  $(43\cdot5)$  of children with no recorded defect was the highest ever to appear in these Reports. Sound teeth was again recorded more frequently, the percentage  $(67\cdot5)$  being superior to that in any other year. Visual acuity was again improved, the percentage  $(80\cdot5)$  of good vision among those without glasses being the best in recent years. Protection against diphtheria was recorded more frequently than in any other year but the percentage of children vaccinated for smallpox was the lowest since this information was first recorded in 1951.

In Appendix IIb, page 62, the results of the partial examination of children born in 1945 are shown and totals for sessions 1952 and 1951 are supplied for comparison. Fewer children were examined, but the percentage with good vision was again improved while that for normal hearing remained at the same comparatively high level as before.

Appendix IIc, page 63, gives details of the average heights and weights of school children measured at routine medical inspection. More or less consistent increases for height and weight were recorded in each of the three selected age-groups. Graphs of the average measurements since 1939 are also given to illustrate the steady improvement in the general physique of school children over a period of fifteen years.

Table III, page 68, classifies the results of systematic medical inspection according to the remediability of the major defects observed in the children. The percentage (67·3) of children free from defects (other than clothing, cleanliness or minor dental defects) was the best recorded in any year since the introduction of this particular table in 1939. As mentioned in connection with Appendix IIa, the percentage of children with no defect of any kind was also the highest ever recorded. Information regarding the parents' occupation was obtained during the year and is arranged in Appendix XIV, page 99, in relationship to the remediability classes of Table III.

Appendices IIIa and IIIb, page 70, give fuller details of certain "other examinations" listed in Table I, including the examination of children specially presented by teachers on account of suspected defects ("non-routines"), the re-examination of pupils seen on a previous occasion ("abnormals"), the inspection of children proceeding to holiday camps or to harvesting and the routine cleanliness inspections undertaken by nurses. Appendix IIIc, page 73, describes the progress of the scheme of Cleanliness Supervision at Selected Schools, the experimental use of full-time welfare attendants and the detailed results of two general inspections made during the year.

The summarised results of medical inspection in nursery schools are given in Appendix VII, page 83.

Appendix VIII, page 85, contains details of the mass miniature radiography of children attending Glasgow schools and the abnormalities discovered. A brief note on the medical supervision of the Remand Home appears in Appendix IX, page 87.

#### 6.-MEDICAL TREATMENT

#### GENERAL REVIEW

(Detailed statistics on pages 25 to 38 and 87 to 96.

In the main, there was a slight drop in the number of cases treated during the period and total attendances at clinics were fewer than in the previous year. Some of the decreases were due to unforeseen circumstances (e.g. prolonged absence of staff) but others were merely following a downward trend noted in recent years. Increases were, however, recorded in respect of various conditions, generally as the result of improved facilities. Brief explanatory notes on each group of defects are given below.

Cuts, bruises, minor injuries, etc., cases attended in still greater numbers, again emphasizing the popularity of the school clinic as the centre to which school children are inclined to resort for the treatment of superficial ailments.

Fewer new cases of *ear disease* were examined by school medical officers and treated at school clinics; otorrhoea, wax and "other diseases" being mainly responsible. Examinations by aurists at school clinics were also reduced—owing to continued shortage of consultants—but as the result of an offer by the Ear, Nose and Throat Hospital (Hearing Aid Clinic) to examine any special cases, the total number seen by aurists exceeded that in any previous year since 1949.

Children with defective hearing were graded at the Glasgow Royal Infirmary (Hearing Aid Clinic) following a request to the Western Regional Hospital Board for assistance pending the return to duty of the Corporation's certifying aurist. The cases referred for certification were more numerous than usual as they included many who had been on the waiting list for a considerable time. Also, by arrangement with the Hearing Aid Clinic of the Ear, Nose and Throat Hospital, a follow-up of school children in possession of hearing-aids was effected during the year.

Under the *audiometric survey* scheme, more children were tested at school for hearing but attendances at school clinics for examination by aurists were fewer.

Attendances for treatment of eye diseases continued to decline. Conjunctivitis reached the lowest figure since 1942 and blepharitis the lowest since 1950 but "single visit cases", which had been on the increase for some years, were again more numerous.

New cases of skin disease continued to rise, impetigo providing the largest single increase. Ulcers and abscesses showed a reduction while scabies continued the decline noted in past Reports, the total for the latter being the lowest previously recorded. Fewer patients attended the special cleansing clinics and a smaller number of ringworm cases were treated.

Reduced numbers of patients with defective vision were dealt with at refraction clinics in consequence of protracted staff absences. For the same reason, fewer children were supplied with spectacles compared with either of the two previous years.

Tonsils and adenoids operations were greatly increased as the direct result of additional hospital sessions being made available throughout

the period. In this way and by systematic pruning of the waiting list, the numbers of genuine cases awaiting admission to hospital had been halved by the end of the year. The position as regards other ear, nose and throat operations was practically unchanged.

Orthopaedic cases were admitted to Mearnskirk Hospital in greater numbers, a large proportion of these being children with post-poliomyelitis conditions. At the school clinics the visiting orthopaedic surgeon examined the greatest number of cases for many years. Examinations by school medical officers were fewer but attendances of "old" cases reporting for observation showed little change from the previous year. No special plaster treatment was given throughout the year at Avenuepark Street Clinic owing to the prolonged absence of the sister-in-charge of this department. More new cases were put on treatment at the clinics, attendances being the highest since 1939. The physiotherapists visited fewer special schools and no classes were held in the nursery schools.

New cases of "gencral diseases" were more numerous than in the previous year, bronchitis showing the largest single increase. Total attendances at clinics were similarly greater and more children were supplied with medicine.

Artificial light treatment cases were slightly fewer than in either of the previous two years, reductions in the numbers of rheumatic and anaemic patients being partially offset by the chronic bronchitis cases which have been increasing steadily for some time.

Attendances at the special *cardiac clinic* were greater and the scheme continued to function on the usual lines.

More children with *specch defects* were treated during the year by reason of increased staff and a systematic visitation of schools for the handicapped was instituted.

The usual *diphtheria immunisation* short-term campaign in schools attracted greater numbers, particularly of children in need of re-inforcing injections.

Details of an investigation of asthma cases and their treatment are given in this Report.

#### (A) MINOR AILMENTS

Throughout the treatment tables, "Single visit cases" includes those treated and disposed of at first visit, cases not for treatment, and cases without apparent disease.

#### (1) Cuts, Bruises, Sprains, Minor Injuries, etc.

Details	of new cases—		Boys.	1953.	Totals.	1952.	1951.
	Cuts, bruises, sprains, et	c	1,989	967	2,956	2,860	2,749
	Burns and scalds		248	166	414	391	399
	Totals		2,237	1,133	3,370	3,251	3,148

The attendances are included with those for skin conditions (page 29).

#### (2a) Diseases of the Ear.

#### Examined only.

		1953.		1952.	1951.
	Boys.	Girls.	Totals.	Totals.	Totals.
Recommended operation for					
tonsils and/or adenoids	250	232	482	445	553
Other operations recommended	1	1	2	4	9
Referred to Hospitals	6	3	9	9	2
Single visit cases	407	318	725	881	838
Totals	664	554	1,218	1,339	1,402

#### Treated at clinics.

D

etails of new cases—					
		1953.	PP 4 1	1952.	1951.
	Boys.	Girls.	Totals.	Totals.	Totals.
Chronic suppurative inflamma-	211	123	334	415	362
tion (otorrhoca)—Single					
Double	50	40	90	90	69
Results of above disease	38	35	73	75	86
Retracted membrane	57	55	112	114	61
Chronic aural catarrh	3	2	5	_	
Ceruminous collection (wax)	141	177	318	364	288
Nasal catarrh	20	7	27	33	41
Laryngitis		2	2	3	5
Polypus		1	1	_	1
Other diseases	61	46	107	199	173
	581	488	1,069	1,293	1,086
Cases from previous session	689	535	1,224	1,106	1,153
Totals	1,270	1,023	2,293	2,399	2,239
Clinic attendances of above cases	29,533	20,363	49,896	59,158	56,119

Examinations by Specialists.

Cases to the number of 1,108 (627 boys and 481 girls) were summoned to school clinics for examination by aurists. Of that total, 239 (141 boys and 98 girls) failed to attend, the remainder being dealt with as under:

Boys.	19 <b>5</b> 3. Girls.	Totals.	1952. Totals.	1951. Totals.
27	14	41	59	87
5	5	10	11	19
57	42	99	155	47
90	47	137	161	25
307	275	582	721	595
486	383	869	1,107	773
	27 5 57 90 307	Boys. Girls.  27 14  5 5  57 42  90 47  307 275	Boys. Girls. Totals.  27	Boys.       Girls.       Totals.       Totals.         27       14       41       59         5       5       10       11         57       42       99       155         90       47       137       161         307       275       582       721

In addition to the foregoing, 306 (165 boys and 141 girls) cases were referred for specialist examination to the Ear, Nose and Throat Hospital (Hearing Aid Clinic) by arrangement with the Hospital Board organisation. These were children on the waiting list for examination by the certifying aurist who continued absent throughout the year. Reports totalling 283 were received from the Ear, Nose and Throat (Hearing Aid) Clinic during the period and these may be summarised as follows:—

At. E.N. and T. (H.A.) Clinie—	Boys.	1953. Girls.	Totals.
Recommended operation for tonsils and/or adenoids	17	30	47
Other operations recommended	3	4	7
Referred to hospital	5	5	10
For X-ray	14	9	23
Other recommendations and treatments	86	66	152
	125	114	239
Failed to attend	22	22	44
Total number of reports	147	136	283

#### X-ray Examinations.

The following cases, which include 82 children from the audiometric surveys, were X-rayed in Stobhill or Southern General Hospitals during the course of the year on the recommendation of the specialists with the results as shown. A few cases were X-rayed for more than one condition.

			Posit Boys.		Nega Boys.		Boys.	Totals.	Total
Sinuses			57	29	61	52	118	81	199
Mastoids			6	8	1	1	7	9	16
Nose			2	1	2	1	4	2	6
Chest			_	1		1		2	2
Total num	ber exa	mined	65	39	64	55	129	94	223
							====	34	223

#### (2b) DEFECTIVE HEARING.

In the continued absence of the certifying aurist the number of children awaiting classification of the degree of deafness from which they suffered had been steadily increasing. The offer of specialist facilities at Glasgow Royal Infirmary (Hearing Aid Clinic) from July, 1952, was therefore most acceptable and approximately 150 children were examined there and graded in respect of their suitability to take advantage of the educational facilities available to them.

Hospital treatment was provided for 9 children recommended at the Hearing Aid Clinic, 8 having tonsils and adenoids removed. Hearing aids were supplied in 2 instances. In addition, 2 pupils from the School for the Deaf were operated on for the removal of tonsils and adenoids on a recommendation previously made by the certifying aurist.

Hearing aids. During the session, 15 children (6 boys and 9 girls) were recommended hearing aids and in the same period instruments were supplied to 20 school children (10 boys and 10 girls).

It is now the routine that when a school child is supplied with a hearing aid, the Head Teacher is requested to ensure that the pupil is encouraged in the use of the instrument and is not subjected to the teasing of schoolmates. A progress report for the month following the issue of the aid is also obtained and a copy of the information is forwarded to the Hearing Aid Clinic.

A follow-up of all school children using hearing aids was instituted during the session in collaboration with the Ear, Nose and Throat Hospital (Hearing Aid Clinic). In all, 217 (116 boys and 101 girls) children were dealt with, 60 (35 boys and 25 girls) being summoned to

the Clinic and the remainder—pupils at schools for the deaf or partially deaf—being visited at their schools as follows:—Glasgow School for the Deaf, 13 Glasgow and 28 County children; Renfrew St. School, 60; St. Vincent's (Tollcross) School, 56.

Audiograms. In the course of the year, 373 children (186 boys and 187 girls) were referred to the Hearing Aid Clinic, Ear, Nose and Throat Hospital, for audiograms at the request of specialists, school medical officers and others. The peepshow test was given to 4 boys and 1 girl at the Clinic. During the same period, 11 cases were sent to the Audiometric Clinic for pure-tone testing.

Wassermann Tests. The Wassermann test was given to 3 children during the period—1 boy referred from special ear clinic and 2 girls from Audiometric Surveys II and III. All proved negative.

Audiometric Survey Scheme. Details of the work accomplished during the session, including the findings of the aurists and the treatments provided, are shown in Appendix XII, page 93.

#### (3) Diseases of the Eye, excluding Defective Vision.

Details of new cases—		1953.		1952.	1951.
	Boys.	Girls.	Totals.	Totals.	Totals.
Blepharitis	00.4	298	582	624	619
Hordeolum (stye)	. 222	252	474	459	451
Conjunctivitis, catarrhal	. 230	210	440	479	622
Conjunctivitis, muco-purulent	1	4	5	2	12
Ophthalmia, strumous (includes phlyctenular conjunctivitis	s				
and keratitis)	. 8	8	16	27	39
Keratitis (interstitial)	. —	_	_		1
Corneal ulcers	. 13	15	28	31	28
Corneal opacities	. —		_	_	5
Dacrocystitis	. —	_		_	1
Epiphora	. —	1	1		4
Injuries	. 35	21	56	51	69
Other diseases	. 20	27	47	49	38
Single visit cases	. 182	160	342	278	230
Cases from previous session	. 995 . 68	996 68	1,991 136	2,000 159	2,119 161
Totals	. 1,063	1,064	2,127	2,159	2,280
Clinic attendances of above cases	, 9.072	8.225	17.297	17.851	20.414

(4a) DISEASES OF THE SKIN, EXCLUDING RINGWORM AND FAVUS.

Details of new cases—

1952. 1952.

					Boys.	1953. Girls	. Totals.	1952. Totals.	1951. Totals.
Sc	abies	• • • • • • • • • • • • • • • • • • • •		• • •	102	119	221	266	276
Ре	ediculosi	s capitis			2	11	13	2	13
In	npetigo	contagiosa		• • •	1,791	985	2,776	2,267	2,156
Ре	ed. cap.	and imp.	cont.		25	75	100	22	27
Ec	thyma		• • •		101	52	153	104	137
De	ermatitis	seborrho	eica		150	156	306	342	389
Ec	ezema				95	56	151	181	207
A1	opecia a	reata	• • •		25	17	42	34	48
Ps	oriasis		• • •		14	22	36	38	47
He	erpes zo	ster (shing	(les)	• • •	120	121	241	203	189
Lu	ipus	• •••	• • •	• • •	_	_	_	_	2
Ul	cers and	l abscesses	· · · ·	• • •	2,175	1,073	3,248	3,569	3,585
Ur	ticaria				55	61	116	123	97
Wa	arts	***			311	296	607	720	647
Ot	her skin	diseases			190	198	388	387	471
Sir	ngle visi	t cases		• • •	1,900	1,341	3,241	3,372	2,858
Cas	ses fron	n previous	sessi	on	7,056 266	4,583 211	11,639 477	11,630 447	11,149 533
		Totals			7,322	4,794	12,116	12,077	11,682
		nces of a n cases	bove 	and			108,738	106,380	
Specia	l Clean	sing Clina	ics—			•	1953.	1952.	1951.
	N	ew cases					342	413	386
	A	ttendances		• •		• • •	728	804	603
(4b) R	ZINGWO	RM.							
	Treatm								
Details	of new	cases—			Boys.	1953. Girls	. Totals.	1952. Totals.	1951. Totals.
Rin	ngworm	(head)			26	2	28	47	23
Rin	ngworm	(body)			46	37	83	136	143
		Totals			72	39	111	183	166
						-	-	An annual annual and	

#### X-ray Treatment—

21 children (20 boys and 1 girl) were given X-ray treatment for ringworm of the scalp, making 23 attendances for radiation and receiving 115 X-ray exposures (generally 5 exposures per child).

Other skin conditions were also treated by X-ray, 2 boys making 15 attendances and receiving 27 exposures and 7 girls making 34 attendances and receiving 53 exposures.

#### (4c) BATH TREATMENT OF SCABIES.

		1953.	1952.	1951.	
	Boys.	Girls.	Totals.	Totals.	Totals.
Cases receiving baths .	• 85	93	178	250	265
Baths given	606	701	1,307	1,795	1,725

#### (B) DEFECTIVE VISION

Below are given the figures relating to (a) the cases dealt with at refraction clinics during the year and (b) the spectacles supplied as prescribed at the school clinics.

#### (a) Cases dealt with at Refraction Clinics.

Cubicated to refusation	Boys.	1953. Girls.	Totals.	19 <b>5</b> 2. Totals.	1951. Totals.
Subjected to refraction— Spectacles prescribed Spectacles not prescribed—	2,411	2,346	4,757	5,685	5,426
For further treatment No treatment required	•••	•••	1,179 1,335	1,450 1,356	1,1 <b>75</b> 1,200
			7,271	8,491	7,801
Not subjected to refraction—  For further treatment  No treatment required  Spectacles checked  Postponed	•••	•••	1,022 429 37 1,396	1,051 404 121 1,487	1,039 448 80 1,215
			2,884	3,063	2,782
Total number dealt with at refu	raction c	linics	10,155	11,554	10,583
Number of clinics held Average number of children per cl Average number subjected to refra		each	1,033 9-9	1,111	1,057 10·0
clinic			6.9	7.6	7.4

At the occlusion clinics, 75 new cases were put on treatment and an additional 91 were kept under observation. The number of children referred to hospital for further treatment was 72 while another 55 were put off treatment.

Approximately 1,519 children at the end of the school session were awaiting refraction, distributed as follows:—

New cases—261; "failed to attend"—774; retests—484.

#### (b) Provision of Spectacles.

New cases were supplied with spectacles under the scheme to the number of 4,629, the nickel type being provided in 4,527 and the cellulose acetate in 102 instances.

Replacements or repairs totalled 1,642; the details being as follows:—new lenses 115; replaced lenses, 799; frames, sides, etc., 728 (nickel, 692; cellulose acetate, 36).

#### (C) EAR, NOSE AND THROAT OPERATIVE TREATMENT.

#### (i) Tonsils and Adenoids Operations.

With a view to maintaining an up-to-date waiting list of cases for tonsils and adenoids operation, the parents of children who had been on the list for some time were circularised and asked to state if the operation was or was not still required. Forms totalling 2,062 (832 boys and 1,230 girls) were issued during the year and of the 1,206 returned, 970 signified that treatment was still desired and 236 that treatment was "not now required". Included in the above figures are 83 cases who had removed to new addresses and had to be traced through the efforts of School Attendance Officers.

The Table below shows the number of operations performed in the several hospitals during 1952-53 compared with the figures for the previous two years.

		Boys.	1953. Girls.	Totals.	19 <b>5</b> 2. Totals.	1951. Totals.
Tonsils removed—		Doys.	01115.	i o tais.	100013.	2000101
Western District Hospital					1	5
Mearnskirk Hospital		1	1	2	1	2
Adenoids removed—						
Western District Hospital		3	3	6	3	9
Mearnskirk Hospital		55	20	75	46	36
Stobhill Hospital					1	
Southern General Hospital			1	1	1	
Tonsils and Adenoids removed-	_					
Western District Hospital		477	504	981	990	866
Stobhill Hospital		128	119	247	66	1
Mearnskirk Hospital		217	185	402	139	97
Southern General Hospital		_	_	_		1
		881	833	1,714	1,248	1,017
		Action	-	Section of the last of		
Number of operation periods				*94	*91	*79
Average number of cases per pe	eric	d		*11	*11	*11
Clinic (including hospital) attended			• • •	5,047	3,959	3,297

<sup>\*</sup> These figures relate only to the Western District Hospital.

In addition to the above, 48 children (31 boys and 17 girls) were admitted to hospital during the year, but were discharged without operation for various reasons, mostly medical.

Other forms of treatment were also given to children receiving tonsils and adenoids operation, and a few patients were detained in hospital for more than the normal period before or after operation for medical reasons.

All children were instructed to report to the school clinic two weeks after discharge from hospital for post-operative examination.

The number of cases on the waiting list at 31st July, 1953, was 1,038.

#### (ii) OTHER EAR, NOSE AND THROAT OPERATIONS.

In addition to those treated for tonsils and/or adenoids, children to the number of 12 were admitted to hospital during the year for operative and other treatment of various ear, nose and throat conditions. Some of the patients were treated for more than one defect. Treatments were given for one or more of the following; mastoid, 7; other ear conditions, 3; nasal defects, 2.

The number of cases on the waiting list at 31st July, 1953, was 126.

#### (D) ORTHOPAEDIC AND POSTURAL DEFECTS.

The Orthopaedic Surgeon maintained his regular visitation of School Health Service Orthopaedic Clinics, advising as regards treatment and making arrangements, when he judged necessary, for the admission of patients to Mearnskirk Hospital.

Admission of patients to the Orthopaedic Unit at Mearnskirk Hospital was almost doubled, 142 cases being admitted during the session compared with 75 in the previous year. Most of these cases (70%) were suffering from disability following poliomyelitis.

Details of the cases treated in hospital, at the school clinics and elsewhere are given in the succeeding pages.

## (a) Deformities Treated in Mearnskirk Hospital.

Cases in hospital at 1-8-52	•••		24
Number admitted during session	•••	• • •	142
Number dismissed during session		• • •	123
Number still in hospital at 31-7-53	• • •	• • •	43

All the above cases had been selected at the School Health Service orthopaedic clinics by the visiting Orthopaedic Surgeon. Of the 123 patients dismissed during the year, the causes of disability were as shown in the following table:—

Foot Deformities-	_					
Congenital			• • •			9
Post-Poliomye	litis					81
Others			• • •	• • •		16
Scoliosis	• • •	•••		• • •	• • •	2
Other Deformities	(all d	ue to	poliom	yelitis)	• • •	4
Cerebral Palsy	•••	•••	•••	•••		1
Torticollis	•••	• • •	* * *	• • •		9
Internal derangeme	ent of	knee	joint	• • •	•••	1
						<b>12</b> 3

3 of the above patients were discharged after investigation and/or general physical treatment. The remaining 120 underwent operative treatment as undernoted:—

Foot Operations—Manipulation (including tenotomy and wrenching) 34; arthrodesis, 26; tendon transplants, 31; elongation of tendo Achilles, 9.

Other Operations—Tenotomy for torticollis, 9; miscellaneous, 11.

The average stay in hospital of these 123 cases was 56 days.

On 31st July, 1953, the number of patients on the waiting list for admission to hospital was 48.

(b) Deformities treated by Exercise, Massage, Electrical Treatment, etc., at Avenuepark Street, Florence Street, Glenbarr Street and Harriet Street Orthopaedic Clinics.

	Boys.	19 <b>5</b> 3. Girls.	Totals.	1952. Totals.	1951. Totals.
Number of children examined by—					
School Medical Officers	307	323	630	814	853
Orthopaedic Surgeon	541	519	1,060	1,036	997
Number of attendances of "old" cases reporting for observation	552	<b>5</b> 96	1,148	1,157	1,198
Number of Plaster cases (Avenuepark Street Clinic)	-	_	_	138	235

The staff of seven physiotherapists carried out treatment for the following cases:—

	D	19 <b>5</b> 3.	T-4-1-	1952.	1951.
Details of new cases put on treatment	Boys.	Girls.	Totals.	Totals.	Totals.
at Clinics—	•				
Deformities of spine (kyphosis					
lordosis, scoliosis)	77	117	194	143	188
Paralysis, infantile and other	78	<b>5</b> 3	131	136	173
Flat-foot and other deformities					
of the foot	72	67	139	131	166
Wry-neck (torticollis)	4	3	7	19	6
Fracture (result of), sprains and dislocations					5
Deformities of chest	14	8	22	19	23
Knock-knees	16	22	38	9	25
Others	22	16	38	30	42
Othors					
	283	286	569	487	628
Cases from previous session		153	278	242	178
previous session					
Totals	408	439	847	729	806
Discharged from Orthopaedic Clinics					
Fit	197	231	428	330	409
For hospital treatment	23	13	36	20	29
To Convalescent Homes	3		3	1	
Transferred to other clinics or					
treated by appliances	22	23	45	46	56
For other reasons (leaving	0.5	00		=0	
school, etc.)	25	26	51	72	70
Totals	270	293	E02	100	504
			563	469	564
Number still on treatment	135	126	261	260	0.40
		120	201	200	242
Number of attendances made by children for treatment			17,422	16,878	15,258
omitted for treatment		• • •	11,722	10,070	10,200

# (c) Deformities treated by Exercise and Massage outwith the above named clinics.

Other children were dealt with at schools for the physically handicapped, visits being made for this purpose by physiotherapists. Details of the numbers treated are given below.

Number	of	eases treated individually	 20
Number	of	treatments given	 372
Number	of	elasses held	 257

#### (E) OTHER DISEASES

# (a) Cases dealt with at the regular clinics for "General" DISEASES.

1953.

1952.

1951.

Dataila of new acces	Darra	Cirlo	Totals.	Totala	Totala
Details of new eases—	Boys.	Girls.		Totals.	Totals,
Bronehitis and bronchial catarrh		379	887	708	890
Anaemia and/or debility	717	821	1,538	1,496	1,673
Riekets	2	2	4	9	6
Tubercular conditions—				101	100
Pulmonary (including contact:		47	101	134	193
Non-pulmonary	13	12	25	6	9
Paralysis	5	4	9	3	4
Heart disease	29	20	49	61	70
Chorea	10	9	19	27	25
Enlarged tonsils and/or adenoids	71	81	152	142	183
Adenitis	20	32	52	56	57
Rheumatism	38	79	117	116	150
Enuresis	283	348	631	602	668
Malnutrition	5	4	9	9	30
Epilepsy	13	12	25	14	20
Digestive disorders	83	83	166	188	194
Infectious diseases	0.0	. 35	57	26	54
33 / 1 7 / 1	4		4	2	1
37 31 1	36	17	53	50	57
0.13	189	199	388	326	369
Others	854	805	1,659	1,722	1,494
Single visit eases			1,000		
Totals 2	2,956	2,989	5,945	5,697	6,147
	<del></del> -				
Clinic attendances of above cases	3,945	8,567	17,512	17,272	18,543
	,				
(b) SUPPLY OF MEDICINES.					
(0) 501121 01 112151011125.		1953.		1952.	1951.
	Boys.		Totals.	Totals.	Totals.
D. (-1) f		GII IS.	TOtais.	100000	2000
Details of new eases seen elsewhere					
than at "General" Clinics-					
Sent from school inspection for		594	1,258	1,254	1,331
immediate supply		594	1,200	1,404	1,001
Sent from skin, eye and ear	710	545	1,058	754	783
clinics	513	545	1,000	104	,00
Additional attendances at "General	1.1				
elinics for medicine 8	3.789	8,201	16,990	16,483	15,997
Totals	966	9,340	19,306	18,491	18,111
Totals S	,,,,,,,,	0,010			

#### (c) ARTIFICIAL LIGHT TREATMENT.

	-	1953.	ers 1 1	1952.	1851.
Details of new cases—	Boys	Girls.	Totals.	Totals.	Totals.
Rickets	. 4	4	8	33	24
Anaemia and/or debility	. 430	389	819	858	821
Nervous disorders	. 2		2	8	4
Enlarged glands	. 4	16	20	22	22
Chronic bronchitis	. 246	263	509	481	489
Rheumatism	. 23	53	76	113	90
Skin conditions	. 19	38	57	60	55
Eye conditions	. 2	13	15	15	30
Ear conditions	. 19	26	45	38	39
Other diseases	. 66	62	1 <b>2</b> 8	115	102
Single visit cases	. 55	58	113	93	121
Totals	870	922	1,792	1,836	1,797
Clinic attendances of above cases	11,004	11,948	22,952	24,958	23,099

#### (d) CASES SEEN AT CARDIAC CLINICS.

The heart specialist from Stobhill Hospital again attended school clinics for the purpose of examining school children specially referred by School Medical Officers and recommending any necessary treatment. During the session, 422 children (167 boys and 255 girls) were summoned, of whom 75 (32 boys and 43 girls) failed to attend. The remainder reported as follows:—

New Cases.		Re-exam	inations.	Totals.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
77	98	58	114	135	212

The specialist referred 3 children (1 boy and 2 girls) for electrocardiogram or X-ray investigation and 21 (8 boys and 13 girls, for admission to hospital. In 8 instances (3 boys and 5 girls) he advised that they should be passed out to ordinary school suitably graded as regards physical training. In addition, 8 children (6 boys and 2 girls) were recommended other forms of specialist and school clinic treatment.

The numbers of children interviewed during the year at special clinics and assessed as to their capabilities for employment in suitable posts are given below with the numbers summoned in parentheses.

December, 1952, 15 (20); March, 1953, 10 (10); June, 1953, 17 (19). Since the commencement of the scheme in June, 1950, 121 children in all have been seen.

In his annual report the specialist stated that there had been no new development in the working of the scheme which had continued to function as detailed in previous reports.

The value of sedimentation rate estimations at these clinic sessions was worthy of remark. In particular, where the history or the clinical findings indicated the possibility of active carditis, by having the test at the clinic the parents and children were spared the inconvenience of much travelling. Moreover, the test involved merely the withdrawal of a very little blood by means of a fine needle with little, if any, discomfort suffered by the child.

#### (e) INVESTIGATION OF ASTHMA AND ALLERGY CASES.

The special clinic at Crail Street continued to function throughout the year. Dr. Gemmell was now able to assess the value of the treatment given to these patients and below is a summary of his findings in connection with the first 100 asthma cases investigated. He has also been able to show the results of treating various allergic conditions.

#### ASTHMA CASES.

Of the 100 cases investigated, 54 gave no significant positive reactions to the allergy skin tests and were treated with breathing exercises and palliative treatment as required. The results in these cases could not be assessed accurately as many did not attend regularly and did not carry out the breathing exercises as instructed. Only six of the patients could be considered to have made very marked improvement and it may be significant that three of these showed rapid progress very soon after beginning a course of swimming instruction.

The remaining 46 patients showed positive reactions to allergy skin tests and were treated by one or more courses of desensitising injections. Of that number, 13 patients could be considered cured as no trace of asthma was found after at least nine months. Another 15 showed marked improvement, that is, before treatment the attacks were frequent and incapacitating, confining to bed or house for several days whereas, after treatment the attacks were infrequent and never severe enough to cause absence from school during a period of nine months or longer. Of the remaining 18, 6 showed little or no improvement, 4 did not attend regularly and 8 failed to return for follow-up reports. These results are shown in tabular form below.

Number	of	Asthma
C	ase	S.
1	00	

#### Descusitising Injections.

Total number of cases.	Cured.	Marked improvement.	Little or no improvement.	Did not attend regularly.	No follow- up reports available.
46	13	15	6	4	8

The foregoing suggests that allergy is an important factor in the etiology of asthma in children and that a fair measure of success can be obtained by treatment with the appropriate desensitising solutions.

#### OTHER ALLERGY CASES.

In addition to the above mentioned asthma cases various other patients were investigated and treated at this clinic. The results are briefly summarised below.

Hay Fever. Of 9 cases treated, 7 showed complete or almost complete cure, 1 moderate improvement and 1 no apparent improvement.

Urticaria. In 8 of the 12 cases, the skin test showed no significant reactions and treatment of these with antihistamine drugs was of very doubtful value. In 4 cases where positive reactions were given to one or more of the tests, treatment by dietary instructions and antihistamine drugs was of marked benefit.

Infantile Eczema. There were 4 cases of chronic infantile eczema not associated with asthma. Tests on these patients proved of no value.

It may be observed that several of the asthma cases also had chronic eczema and improvement in the asthma was always accompanied by varying degrees of improvement in the skin condition.

#### 7.—DENTAL INSPECTION AND TREATMENT

The dental scheme continued as before but more schools were again included in the *Routine Dental Inspection* list, with a consequent increase in the number of periods so employed.

The percentage of children found to require treatment remained essentially the same and of these,  $50\cdot2\%$  accepted clinic treatment, a decrease of  $5\cdot2\%$ . Those who promised to obtain private treatment rose by  $5\cdot9\%$  to  $47\cdot2\%$ , a percentage which had steadily increased in recent years and comprised a group of over 13,000 children who were regularly inspected and found to require treatment, but whose parents signed for private treatment.

In the past, no attempt had been made to follow-up such cases owing to the inadequacy of staff. It was recognised, however, that the majority of this group received no dental attention whatever and so, during the latter part of the session, a follow-up system was devised in co-operation with the Local Dental Committee, to encourage such parents to take the children to the dentists of their choice. Although statistical evidence of results was unobtainable, there were indications that the scheme was meeting with a degree of success.

Over 2,000 more children were actually treated than in 1952. The ratio of fillings to extractions (permanent teeth only) fell from 283:100 to 268:100 but a greater proportion of fillings were inserted in temporary teeth.

The Orthodontic Clinic continued to supply a much appreciated service to patients selected, as formerly, by the School Dental Officers throughout the City. 380 cases were treated (an increase of 22) and 630 appliances were made and inserted. In addition to above, artificial dentures were supplied to 159 children, about half of these again being semi-orthodontic in purpose. Special treatments comprised 9 crowns, 7 special surgical treatments, 2 gold inlays and 353 X-ray examinations—a decrease of 14.

The general anaesthetic clinic, staffed by a Specialist Anaesthetist, continued to function on Saturday forenoons for patients specially selected by the Dental Officers; 291 such cases were treated, a decrease of 29. Having served its purpose, the emergency clinic was discontinued, thus relieving a part-time Dental Officer for routine work. Emergency cases were now treated at their appropriate clinics between 4 and 5 p.m. daily.

#### 8.—SPECIAL SCHOOLS AND CLASSES AND RESIDENTIAL SCHOOLS

#### (a) FOR HANDICAPPED CHILDREN

The Corporation continued to make provision for children handicapped as follows:—

- (1) Mentally handicapped—18 Day Schools and 9 Occupational Centres.
- (2) Physically handicapped, delicate or convalescent—11 Day Schools, 6 Residential Schools, 6 Hospital Schools and a Scheme of Home Tuition.
- (3) Defective vision—1 Day/Residential School for blind children, and 1 Day School for the partially sighted.
- (4) Defective hearing—1 Nursery/Infant Day School, 1 Day School and 1 Day/Residential School for the partially deaf, and 2 Day/Residential Schools for the deaf.

At 30th June, 1953, the number of children receiving special educational treatment in schools administered by the Corporation was as given below:—

Physically handicapped children, 1,403; children with hearing defects, 384; children with defects of vision, 107; mentally handicapped (educable) children, 3,043; mentally handicapped (trainable) children, 407; total 5,344. This total compares with 5,275 handicapped children in 1952 and 5,397 in 1951.

Children who are classified as handicapped are required to remain at school until the "leaving date" following their sixteenth birthday.

Educational provision is made from the age of 3 years for blind and deaf children while for all other categories the age of entry to school is 5 years. Deaf children under the age of 3 years may be taken to the advisory clinics at the nursery/infant schools where parents are given help and advice on the early training of such children.

School Medical Officers examine all handicapped children at frequent intervals to ascertain progress and to recommend, where possible, return to ordinary school. In addition, specialist services are provided for children with defects of hearing or vision and for orthopaedic and heart cases.

The Residential Centres outwith the City are now as follows:-

Hospital Schools—Victoria Auxiliary Infirmary, Philipshill; Strathblane Home; Mearnskirk Hospital; Stobhill Hospital; Lenzie Home; and Drumchapel Home.

#### Residential Schools—

Caol Ruadh, Colintraive ... 36 Protestant P.H. boys.

Southpark, Ascog ... ... 23 Protestant P.H. girls.

Craig, Kilmarnock... ... 48 Roman Catholic P.H. and convalescent boys.

Lumsden, Maybole ... 29 Roman Catholic P.H. and convalescent girls.

Hillfoot, Bearsden ... 65 Protestant convalescent girls.

Seafield, Ardrossan ... 65 Protestant convalescent boys.

(This school has been closed

for repairs since 16th November, 1952.)

There is also a residential school at Nerston, East Kilbride, having accommodation for 40 " maladjusted " children.

Periods of residence vary according to the needs of the individual child, averaging from three to six months for physically handicapped children, about six weeks for convalescents and from three to nine months for children admitted to Nerston.

HOME TUITION SCHEME.

This scheme, set up in May, 1947, continued to provide for the education of children of normal intelligence who, even with the provision of transport, were unable to attend school because of severe physical disability. Suitable cases were included in the scheme on the recommendation of the Principal School Medical Officer and certificated teachers visited the children in their homes for one hour on two evenings per week.

At 30th June, 1953, the number of children participating in the scheme was 75 and the main causes of incapacity from which they suffered were:—

Heart disease, 14; non-pulmonary tuberculosis, 6; spina bifida, 8; spastic paralysis, 6; Perthe's disease, 4; pseudo-hypertrophic muscular dystrophy, 5; cerebral diplegia, 2; epilepsy, 2; poliomyelitis, 2; miscellaneous, 26.

Examination and After-Care of Mentally Handicapped Children.

The number of children specially examined by the School Medical Officers during the year regarding mental defects was as follows:—

First Examinations Re-examinations	 Boys 404 934	1953. Girls. 275 712	Totals. 679	1952. Totals. 736 1,819	1951. Totals. 649 1,897
	1,338	987	2,325	2,555	2,546

Provision for After-Care in terms of the National Health Service (Scotland) Act, 1947, was continued throughout the year by the Health and Welfare Department.

In addition to the foregoing provision, Glasgow children in need of special care and attention were accommodated and educated at the following Centres not under the management of the Corporation:—

Biggart Memorial Home, Prestwick—40 physically handicapped children requiring nursing care.

Eastpark Homes, Glasgow and Largs—51 severely physically handicapped children requiring long-term nursing care.

Westerlea School for Spastics, Edinburgh—3 Protestant children suffering from cerebral palsy.

The Colony for Epileptics, Bridge-of-Weir—14 Protestant children suffering from serious epilepsy.

The Royal Blind School, Edinburgh—21 Protestant blind children.

The Mary Hare Grammar School for the Deaf, Newbury—4 deaf children requiring academic secondary education.

The Rudolph Steiner Schools, Aberdeenshire—6 Protestant mentally handicapped children with additional severe physical handicap.

Lennox Castle Certified Institution—53 boys (Protestant and Roman Catholic), aged 12-16 years, mentally handicapped and including several with serious epilepsy and mental deterioration.

- St. Charles' Certified Institution, Carstairs—50 Roman Catholic mentally handicapped children.
- St. Joseph's Certified Institution, Rosewell—12 Roman Catholic mentally handicapped children with gross physical handicap.

Waverley Park Certified Institution, Kirkintilloch—24 Protestant mentally handicapped girls.

Birkwood Certified Institution, Lesmahagow—7 Protestant mentally handicapped children.

Woodilee Mental Hospital, Lenzie—2 Protestant mentally handicapped girls.

#### (b) FOR NORMAL CHILDREN

There are 4 Residential Schools outwith the City for normal children who go in school groups and stay for a period of four weeks. Accommodation in the various schools is as follows:-

48 places at Achnamara, Lochgilphead (Protestant, post-primary boys and girls).

58 places at Agnes Patrick/Stevenson, Ascog (Roman Catholic primary boys and girls).

100 places at Castle Toward, by Dunoon (Protestant primary boys and girls). As a temporary arrangement, 60 places of the accommodation have been allocated to convalescent boys since January, 1953.

60 places at Galloway, Wigtown (Protestant, primary boys and girls.

There is also a Residential Nursery School at Southannan, Fairlie, with 36 places for children who go in groups from each Glasgow nursery school in turn for a period in residence of, generally, three and a half weeks.

In addition, the Corporation leased Dounan's Residential School, Aberfoyle, in October, 1952, and in March and June, 1953, when a total of 533 children were accommodated for an average period of four weeks. Arrangements were also made for parties of post-primary school children to undergo character training courses and, for this purpose, 121 boys were sent to the Moray Sea School, Burghead while 201 boys and girls went to Glenmore Lodge, Aviemore.

#### (c) FOR MALADJUSTED CHILDREN

CHILD GUIDANCE.

The Child Guidance Clinics dealt with 3,427 children as compared with 3,409 in the preceding year. These children showed one or more of the following symptoms:—

Emotional disorders (general instability, anxiety and obsessional states, night terrors and sleep walking, enuresis and soiling, emotional retardation and regression, psychopathic personalities)—1,546 instances; behaviour disturbances (unmanageable behaviour, aggression and temper tantrums, sadistic tendencies, exhibitionism, truancy and wandering)—647; delinquency (theft, lying, malicious mischief and sexual offences)—439; educational disability (general backwardness and specific disability)—1,029; speech defect—829 instances. Of these children, 113 were given residential treatment at Nerston Home as compared with 115 in the preceding session.

Further information can be found in the report issued annually by the Education Department.

SPEECH THERAPY.

Details of the type of work done throughout the year are given in Appendix XI, page 88.

# 9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

The Physical Education Staff at the end of Session 1952-53 consisted of the Superintendent of Physical Training, two assistant superintendents (a man and a woman), 43 Principal Teachers (28 men and 15 women), 110 assistant men teachers, including one seconded, and 102 assistant women teachers, including six holding a physiotherapy qualification engaged in the four orthopaedic clinics. Four men and four women assistant teachers were employed in Further Education Day Classes.

One woman Principal Teacher had charge of the orthopaedic clinics, the staff of which included in their duties visits to schools for handicapped pupils. Principal Teachers from secondary schools visited neighbouring primary schools to demonstrate physical training lessons and to advise class teachers. A number of primary schools also received a weekly visit from an assistant teacher.

Instruction in personal hygiene and simple first aid was given in secondary schools as part of the Scheme of Physical Education, and in primary schools class teachers gave short lessons on health habits. These lessons were based on the Model Syllabuses in General Hygiene drawn up by the Scottish Council for Health Education and adopted for use in schools by decision of the Education Committee.

In schools where facilities are available pupils, with the consent of their parents, attended spray baths at one of the physical training periods. During the months of September and October, 1952, and May and June, 1953, 23,600 boys and girls attended weekly at school ponds or at Corporation Public Baths for instruction in swimming. During the winter months, November, 1952 till April, 1953, approximately 13,000 boys and girls, with the consent of their parents, continued to receive a weekly period of instruction in swimming. Two of the Corporation Public Baths were not available for part of the session owing to repairs being carried out.

The Mobile Spray Bath Unit continued to function, five selected schools being visited regularly. Approximately 200 baths were provided daily, a School Health Service nurse being in attendance to examine the children before they used the sprays. During the year, 35,280 baths were given.

# 10.—ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

#### (a) ADMINISTRATION AND NATURE OF MEALS-

See Report for 1945, page 34.

At 31st July, 1953, there were 26 Kitchens and 5 School Meals Centres preparing meals for school children.

On an average day in May, 1953 (Friday, 29th May) the total number of meals served was 59,747 of which 58,153 were dinners. Of the meals supplied, 17,494 dinners were provided free of charge.

The meals were served in 314 Dining Rooms, 246 of which were in school premises and 68 in church halls. Of the 246 Dining Rooms in schools, 30 were at schools for handicapped children and 39 were in nursery schools.

#### (b) NUMBER AND COST OF MEALS-

The number of meals prepared in kitchens during each of the years ending 31st May, 1951, 1952 and 1953, were as follows:—

Year Ending.	Breakfasts.	Dinners.	Teas.	Total.	
31st May, 1951	200,009	13,821,896	1,179,500	15,201,405	
31st May, 1952	222,730	14,378,183	1,305,604	15,906,517	
31st May, 1953	216,560	14,644,399	1,387,304	16,248,263	

Dinners only were supplied to pupils of ordinary day schools and schools for handicapped children. In nursery schools, dinners and teas were served, while the Remand Home and Health and Welfare Department day nurseries received breakfasts, dinners and teas. During holiday periods, meals were supplied only to children entitled to free meals and to children who held tickets purchased at partial remittance rates.

As from 1st March, 1953, the cost of a school dinner was increased by twopence and a new partial remittance scheme was instituted by the Corporation. Weekly tickets may now be purchased by pupils having dinner in school at the following prices:—

For five meals per week—3s. 6d. for the first child of a family, 3s. 1d. for the second and 2s. 11d. for the third and subsequent children; equivalent prices for six dinners are 4s. 1d., 3s. 8d., and 3s. 6d. Remission rates of 2s. 11d., 2s. 3d., 1s. 6d. or 9d. (according to the family income) are charged for a ticket entitling a child to

six dinners per week, the price being the same for each member of a family.

In schools for handicapped children, the prices are 1s. 10d. and 2s. 1d. for five and six dinners respectively, or at remission rates for six dinners of 1s. 6d. and 9d.

#### (c) BOOTS AND CLOTHING-

Boots and clothing, or both, were supplied to 1,605 children during the school year compared with 2,059 in 1952. The undertaking given by the National Assistance Board that children whose parents were in receipt of allowances from the National Assistance Board, the Ministry of Labour or the Ministry of National Insurance would be in a fit state to attend school, continued satisfactorily and only in exceptional cases was it necessary to take action under Section 48 of the Education (Scotland) Act, 1946.

#### (d) MILK SUPPLY TO SCHOOL CHILDREN—

The total number of milk rations during the year ending 31st July, 1953, was 32,880,671 compared with 32,878,930 in 1952. The most recent census figures showed that 85·5 per cent. of the children on the registers in October, 1952, were taking school milk compared with 85·8 per cent. in October, 1951.

The Senior Food Inspector of the Health and Welfare Department reported that 168 samples of pasteurised milk were taken from various schools supplied by the four contractors. These samples were found to have an average fat content of 3.75 per cent. and 8.69 per cent. nonfatty solids. One sample was deficient by 1 per cent. in milk solids other than fat, six samples failed in the test for presumptive coliform organisms and two failed in the test for the efficiency of heat treatment. Unsatisfactory samples were reported to the contractors and investigations were made with a view to correction. Subsequent samples were found to be satisfactory in each case.

#### STATISTICAL AND OTHER APPENDICES

#### TABLE I.—TOTAL NUMBER OF CHILDREN EXAMINED AT:

(A) (a) Systematic Examinations, i.e., the main groups recommended for the session (see page 12), and (b) Other Systematic Examinations, i.e., children missed at recommended age groups or otherwise outwith these groups.

GROUP.		1953.			1952.	1951.
		Boys.	Girls.	Totals.	Totals.	Totals.
(a)	Entrants Second Age Group Third Age Group Fourth Age Group	10,442 7,872 7,468 722	10,325 7,475 7,416 505	20,767 15,347 14,884 1,227	19,837 14,458 15,313 1,067	16,833 14,370 14,720 1,001
(b)	Others	26,504 318	25,721 396	52,225 714	50,675 674	46,924 722
	Totals	26,822	26,117	52,939	51,349	47,646

For age distribution of these children see Appendix Ib on page 50.

In addition to these numbers of children, the following were examined in the course of Systematic Inspection of the pupils at Special Schools and Classes:—

CNOVE		19 <b>5</b> 3.	1952.	1951.	
GROUP.	Boys.	Girls.	Totals.	Totals.	Totals.
Physically handicapped children  Mentally handicapped children  Totals	227 . 471 698	195 358 553	422 829 1,251	686 559 1,245	432 - 750 - 1,182

#### (B) OTHER EXAMINATIONS-

GROUP.	1953.	1952.	1951.
(i) In Schools—			
Systematic Inspection of Nursery School Children Other Examinations in Nursery Schools 1945 age-group (Visual Acuity and Hearing only)—(by school nurses) Special Cases (in respect of particular defects) Re-inspections by Medical Officers Leaving Interviews	962 3,427 13,790 10,937 12,718 8,862	976 4,092 15,046 9,958 12,055 7,921	892 3,945 14,616 11,883 11,891 7,176
Examinations regarding Mental Defect Discharges in Special Schools and Classes	2,325 211	2,555 197	2,546 202
Totals	53,232	52,800	53,151
(ii) Mainly at Clinics—  Applicants for preliminary training as Teachers Applicants for Licences under the Corpora-	_	_	
tion Bye-laws for the Employment of Children Adult Employees of the Corporation *Certifications—Blind Persons Act, 1920 Candidates for Printers' Apprenticeships	701 913 3 171	799 1,054 9 140	925 732 9 134
Children as to fitness for camps, etc.—  Harvesters, etc  School and Junior Club groups  Children as to fitness for "School Journeys"	5,848 11,528	5,987 11,801	6,289 11,060
abroad, etc	8,245 740 246 3,324	842 8,215 673 128 3,817	745 8,434 496 22 1,803
Totals	32,493	33,465	30,649
(iii) Cleanliness and Special Examinations—			
†Cleanliness inspections—(by school nurses)	166,515	162,220	157,248

<sup>\*</sup> These examinations are made at the Central Clinic for the Blind.

<sup>†</sup> In addition, Nurse Inspectresses of the Sanitary Division made 127,941 cleanliness inspections in 1,042 visits to 72 schools (see page 72).

#### APPENDIX Ia.—NOTIFICATION TO PARENTS.

The numbers and percentages of individual children inspected at systematic examinations who were notified to parents as requiring treatment for conditions other than (a) defects of clothing or cleanliness (including pediculosis) and (b) minor dental defects, were as follows:—

GROUP.		1953.	1952.	1951.	
GROUF.	Boys.	Girls.	Totals.	Totals.	Totals.
Entrants  2nd Age Group  3rd Age Group  4th Age Group  Others	3,538	3,283	6,821	6,479	5,929
	(33·9)	(31·8)	(32·8)	(32·7)	(35·2)
	2,535	2,369	4,904	5,459	5,073
	(32·2)	(31·7)	(31·9)	(37·8)	(35·3)
	1,756	2,052	3,808	4,336	4,193
	(23·5)	(27·7)	(25·6)	(28·3)	(28·5)
	107	65	172	248	180
	(14·8)	(12·9)	(14·0)	(23·2)	(18·0)
	82	116	198	214	231
	(25·8)	(29·3)	(27·7)	(31·7)	(32·0)
Totals	8,018	7,885	15,903	16,736	15,606
	(29·9)	(30·2)	(30·0)	(32·6)	(32·8)

The numbers and percentages of cases in which intimation was made to parents verbally or by card, together with information as to similar intimations in respect of clothing, cleanliness, and/or minor dental defects will be found in Appendix IIa on page 60.

#### APPENDIX Ib.—AGE DISTRIBUTION OF CHILDREN

(a) Children within groups recommended

(b) Children outwith groups

‡ Entrants-Infants.

Ages.	4	, 5	6	7	8
BOYS.					
Non-transferred Schools (a)  Do. (b)  Transferred Schools (a)  Do. (b)	61	6,825 — 2,931 —	196 — 179 —	36 8 25 1	4 13 1 2
Totals (a) Do. (b)		9,756	375	61	5 15
Totals, 1953	. 245	9,756	375	70	20
Totals, 1952	. 352	9,297	311	100	39
GIRLS.			: :		
Non-transferred Schools (a) Do. (b) Transferred Schools (a) Do. (b)	48	6,687 — 2,984 —	215 — 166 —	32 14 23 7	1 12 1 6
Totals (a) Do. (b)		9,671	381	55 21	2 18
Totals, 1953	. 216	9,671	381	76	20
Totals, 1952	. 291	9,148	285	83	22
ALL.					
Totals (a) Do. (b)		19,427	756 —	116 30	7 33
Totals, 1953	. 461	19,427	756	146	40
Totals, 1952	. 643	18,445	596	183	61

<sup>‡</sup> This grouping applies only to

### AT DATE OF SYSTEMATIC EXAMINATION.

for the session (as indicated by brackets).

recommended for the session.

‡ Sec	ond Age	Group.		‡ TI	nird Age	Group.	‡ Fo	urth A	ge Gro	up.	
8	9	10	11	12	13	14	15	16	17	18	Totals
145	4,747	705		228	4,545	458	19	407	0.5		10.004
50	13 1,932	82 293	42	14 149	6 1,902	71 186	26	437 — 137	95 1 34	1 —	18,624 277 7,880
	3	14	11	3	3	1	2	_	1	_	41
195	6,679 16	998 96	53	377 17	6,447	644 72	19 28	574 —	129	1	26,504
195	6,695	1,094	53	394	6,456	716	47	574	131	1	26,822
237	5,969	1,110	45	441	6,535	721	61	444	119	2	25,783
125	4,372 19	781 73	<u> </u>	243 11	4,410	472 80	7 23	315	117		17,945 273
36	1,797	364 45	17	107	1,997	187	5	57	4	_	7,776 123
161	6,169 28	1,145 118	48	350 16	6,407	659 103	12 29	372	121 6	_	25,721 396
161	6,197	1,263	48	366	6,414	762	41	374	127		26,117
139	5,798	1,390	61	422	6,636	739	57	358	137		25,566
356 —	12,848	2,143 214	101	727 33	12,854 16	1,303 175	31 57	946 2	250 8	 I	52,225 714
356	12,892	2,357	101	760	12,870	1,478	88	948	258	1	52,939
376	11,767	2,500	106	863	13,171	1,460	118	802	256	2	51,349
	1				1						

the (a) lines on the table.

# TABLE II.—SYSTEMATIC EXAMINATION OF CHILDREN IN ORDINARY SCHOOLS.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS.

							52									
any d the	1951.	Totals.	47,644	17	(0.0)	(0·0) 43 (0·1)	78 (0.2)	81 (0.2)	81	-	(0.0)	(0.5)	(0.2)	(0.1)	(0.0)	4,691
, i.e., only the child's major defect in any section is recorded—any are indicated by the horizontal lines across the columns, and the defect in that section.	1952.	Totals.	51,349	11	(0.0)	(0·0) 58 (0·1)	77 (0·x)	64 (0·1)	64 (0.1)	21	(0.0) 5,605	(10.0)	(a.0)	(0.1)	(0.0)	5,794
section is	1953.	Totals.	52,939	15	(0.0)	(0.0) (0.1)	103	75 (0.0) 6	81 (0.2)	S	(0·0) 5,625	(10-6) 127	(0.2)	(0.1)	(0.0)	5,806
ct in any ines acro	ges.	Girls.	26,117	\$	(0.0)	(0·0) 47 (0·2)	(0.2)	32 (0·r)	35 (0.1)	5	(0.0)	(17-5)	(6.3)	(0.1)	(0.0)	4,687
ajor defectiviziontal I	All ages.	Boys.	26,822		(0.0)	(0·0) 20 (0·1)	40 (o·x)	(0.2)	(0.2)	3	(0.0)	(3.9)	(7.0)	(o·r)		1,119
child's m by the ho section.	group.	Girls.	505						1		8	(9.0)	1			(9.0)
i.e., only the child's are indicated by the hedefect in that section.	4th age	Boys	722						1			1	-	1		
tion, i.e., s" are i	group.	Girls.	7,416	61.	(0.0)	(0.0) 29 (0.4)	33 (0.4)	(0.2)	15 (0.2)	62	(0.0) 1,903	(25-7)	(0.2)	(1.0)	(0.0)	1,965
any section "Sections" at least one	3rd age	Boys.	7,468		(0.0)	(0·1) 5 (0·1)	(o·x)	(0.0)	(o·r)	2	(0.0)	(3.4)	(0.1)	(0.1)		270 (3.6)
table. 'having a	group.	Girls.	7,475	8	(0.0)	(1.0) 9 (0.1)	17 (0.2)	(0.0)	(o·r)	-	(0·0) 1,280	(17.1) 20	(0.3)	(1.0)	(0.0)	1,308
but only in this '	2nd age group.	Boys.	7,872	01-	(0.0)	(0.0) 8 (0.1)	13 (0.2)	(0.3)	(0.3)	1	335	(4.3)	(0.2)	(0.1)		353 (4.5)
sections ignored ividual	ints.	Girls.	10,325	8	(0.0)	(0·0) 7 (0·1)	(o·r)	(0.0)	(1.0)	2	(0.0)	(12.4)	(0.1)	(0.0)		1,297
several tion are	Entrants.	Boys.	10,442	4	(0.0)	(0·0) 7 (0·1)	16 (0.2)	(J.O)	6 (1.0)		447	(4.3)	(0.2)	(1.0)		480
An individual child may appear in several sections but only once in any section, i.e., only the child's major defect in any section is recorded-minor defects in the same section are ignored in this table. "Sections" are indicated by the horizontal lines across the columns, an section totals give the numbers of individual children having at least one defect in that section.			Number examined	Nature of defects found CLOTHING   Insufficient	UNSATISFACTORY Ragged	Dirty	Totals	. FOOTGEAR UNSATISFACTORY None	Totals	Uncleanliness ( Dirty	(a) Head $\begin{cases} \text{Nits} & \dots \end{cases}$	Verminous	Dirty	(b) Body {	,	Totals

3

(0.0) (0.3) (0.3) (0.0)	(0·0) (0·0) 47 (0·0) (0·0) (0·0) (0·0) 540 (r·r)	$\begin{array}{c} 940 \\ (2.0) \\ 2,644 \\ (5.5) \\ 224 \\ (0.5) \end{array}$	2,868 (6·0) 1,068 (2·2)
6 (0.0) 88 (0.0) 9 (0.0)	(0.0) (0.0) (0.0) (0.1) (0.0) (0.0) (0.0) (0.0) (0.0) (0.1) (0.1) (0.1)	$   \begin{array}{c}     978 \\     (r \cdot 9) \\     2,560 \\     (5 \cdot 0) \\     214 \\     (o \cdot 7)   \end{array} $	2,774 (5·4) 851 (1·7)
(0.0) (0.3) (0.0) (0.0)	(0·3) (0·0) 92 (0·0) (0·0) (0·1) (0·1) (684 (1·3)	1,180 (2·2) 1,686 (3·2) 109 (0·2)	1,795 (3·4) 1,133 (2·1)
(0.2)	(0·3) (0·0) 37 (0·1) 13 (0·0) (0·0) 331 (1·3)	526 (2·0) 965 (3·7) 70 (0·3)	1,035 (4·0) 583 (2·2)
(0.0) (0.0) (0.0) (0.0)	(0.4) (0.4) (0.5) (0.2) (0.1) (0.1) (0.1) (0.1) (0.1)	$ \begin{array}{c} 654 \\ (2.4) \\ 721 \\ (2.7) \\ 39 \\ (0.1) \end{array} $	760 (2·8) 550 (2·1)
1 1 1	13	(2.6)	(0.2)
	(r.z) $(r.z)$ $         -$	19 (3.6)	(8.0)
$\frac{12}{(o \cdot z)}$	(0·3) (0·1) (0·2) (0·1) (0·2) (0·2) (0·3) (0·1) (0·4)	151 (2·0) 197 (2·7) 12 (0·2)	209 (2·8) 146 (2·0)
$\begin{array}{c} 10 \\ (o \cdot 1) \\ 3 \\ (o \cdot 0) \end{array}$	(0.0) (0.0) (0.0) (0.0) (0.0) (0.1) (0.1)	137 (r·8) 152 (2·0) 10 (0·1)	162 (2·2) 85 (F·I)
13 (0.2)	(0.0) (0.0) (0.0) (0.0) (0.0) (1.1)	135 (1·8) 316 (4·2) 33 (0·4)	349 (4·7) 178 (2·4)
34 (0.0)	(0.0) (0.1) (0.1) (0.1) (0.2) (0.1) (0.1) (1.5)	214 (2·7) 278 (3·5) (3·2)	290 (3·7) 195 (2·5)
30 (0.3)	(0·3) (0·2) (0·2) (0·2) (0·2) (0·2) (0·2) (0·2) (0·3)	217 (2·1) 445 (4·3) 25 (0·2)	470 (4.6) 244 (2.4)
(0.0) 53 (0.5) (0.0)	(0.0) (0.1) (0.1) (0.1) (0.1) (0.1) (0.1) (1.3)	277 (2·7) 286 (2·7) 17 (0·2)	$   \begin{array}{c}     303 \\     (2.9) \\     \hline     256 \\     (2.5)   \end{array} $
: : :	: : : : : :	: :	
Ringworm   Impetigo   Injuries	Ringworm Impetigo Scabies Injuries Others	Slightly defective	TEETH UNHEALTHY
4. Skin (a) Head	(b) Body	Totals 5 NUTRITION	Totals  6. Mouth and Te

# TABLE 11-Continued.

										5	4												
1951.	Totals.	1007	(6.0)	(0.3)	(0.5)	(o·I)	2,442	1,411	(3.0)	(0.0)	193	(F.0)	(0.0)	4,905 (10·3)		445	99	(0.1)	(0.1)	(3.0)	(0.5)	2,091	(4.4)
1952.	Totals.	COC	(0.0)	(6.4)	(0.4)	(0.0)	2,430	1,496	(2.9) 29	(0.1)	185	(0.4)	(0.0)	4,954 (9.6)		436	\$ .	(0·r) 26	(0·7) 1,479	(2.0)	(0.5)	2,103	(2.5)
1953.	Totals.	000	(0.0)	(0·4) (45)	(0.5)	(0.1)	2,485	1,393	(2.6) 31	(0.1)	161	(6.4)		4,907 (9·3)		438	. 53	(0·1) 27	(0-r) 1,597	(0.8)	(0.5)	2,223	(-4.5)
All ages.	Girls.	00.5	(0.5)	(0.3)	(0.5)	(0.0)	1,309	756	(2.9) 18	(o·I)	84	(6.3)		2,523 (9.7)		193	31	(0.1)	(0·1) 748	(6.7)	(2.0)	1,042	(o.t)
All	Boys.	005	(0.7)	(0.5)	(0.5)	(J.O)	1,176	637	(2·4) 13	(0.0)	107	(f.o)		2,384 (8.9)		245	22.5	(0.7)	(0.0)	(3.5)	(7.0)	1,181	(1.1)
group.	Girls.			er. 	(0.0)		1 (0.0)	(2:0)	1			1		(0.8)			<del></del>	(0.5)	77	(8.0)	(4.0)	7	(11)
4th age group.	Boys.				(o·1)		1 (0.1)	(0.7)				1		(0.3)		9	2 .	(0·I)	ıo	(0.2)		12	(2.1)
age group.	Girls.	o F	(0.5)	(0.0)	(0.4)	(0.0)	189	110	$(T\cdot 5)$	(0.1)	10	(1.0)		366 (4.9)		56	9	(0.1)	(r·o) 149	(2.0)	(6.0)	238	(7.7)
3rd age	Boys.	-	(0°I)	(0.2)	(0.2)	(0.0)	98	46	(0.6)	(0.0)	σ ·	(o·I)		194 (2.6)		64	9	(0.1)	(0·1) 150	(0.2)	(0.2)	2.40	(3.5)
age group.	Girls.	Č	(0.3)	(0.4)	(0.5)	(0.0)	296	170	(2.3)	(0.1)	23	(0.3)		585 (7-8)		69	7	(0·1)	(0·1) 197	(9.2)	(0.2)	293	(3.0)
2nd age	Boys.	C	(0.5)	(0.6)	(0.6)	(o·I)	262	132	(1.7)	(o·I)	25	(0.3)		563 (7.2)		74	200	(0.7)	(0.0)	(3.3)	(0.3)	358	(6.4)
ants.	Girls.		(0.0)	(0.0)	(0.5)	(0.0)	813	469	(4.5)	(0.0)	49	(0.5)		1,543 ( <i>I4</i> -9)		64	(17	(0.2)	(0.0)	(3.8)	(0.3)	493	(8.1.)
Entrants.	Boys.	C	$(r\cdot3)$	(0.7)	(0.0)	(0.0)	812	453	(4.3)	(o·r)	74	(2.0)		1,613 ( <i>I5</i> ·4)		86	8	(0.1)	(0.0)	(4.1)	(2.0)	560	(2.4)
	squorbs	7. NASO-PHARYNX (a) Nose	Obstruction for observation	Catarrh	Other conditions	(b) Throat		Tonsils—for operation	Other conditions		(c) Glands For observation	For operation		Totals	8. EYES (a) External Diseases	Blepharitis	Conjunctivitis	Corneal opacities	Strabismus	E C	ייי קייין	Totals	

8. Exes (b) Visual acuity (Snellen)*														
Fair, 6/9 or 6/12			839	851	717 (0.6)	898	(0.11)	37 (7-3)	1,659	1,787	3,446	3,416	3,631	
Bad, 6/18 or worse		1	173	163	(3-2)	(3.7)	(3-2)	17 (3.4)	451 (2.8)	472 (3.0)	923	995	$\frac{981}{(3-2)}$	
Totals	ı		1,012 (12·9)	1,014 (13.6)	959	1,142 (15·4)	102 (14·1)	54 (10.7)	2,110 (r2·9)	2,259 (14·3)	4,369 (13.6)	4,411	4,612 (15.0)	
Recommended for Refraction	177 (1.7)	141	465 (5.9)	416 (5.6)	482 (6.5)	487	30	1.4 (2.8)	1,171	1,082	2,253 (4.3)	2,117	2,066	
Recommended for Re-test	(0.3)	(0-3)	124 (r·6)	107 (T·-t)	(1.22)	184 (2·5)	(r·9)	(t-1)	295 (I·I)	329	624 (I·2)	562 (1-1)	(1.2)	
Totals	204 (2.0)	170	589 (7.5)	523 (7.0)	604 (8.1)	671 (9·0)	44 (6·1)	21 (4.2)	1,466 (5·5)	1,411 (5.4)	2,877 (5.4)	2,679 (5·2)	2,617 (5·5)	
9. FARS (a) Diseases	O.F.	67	90	ŭ,	y	0,5	σ		806	186	For	469	460	
	(0.0)	(0.0)	(6.0)	(0.0)	(6.0)	(0.8)	(1.2)		(0.8)	(0.7)	(0.7)	(0.0)	(0.1)	
CHET discuses	(o·I)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)			(0.1)	(0.1)	(1.0)	(1.0)	(I·0)	
(b) Defective hearing Grade I—For ordinary class	25	25	6+	37	∞.	26		1	82	88	170	137	117	
" Ila—For front seat	(0.5)	(0.2)	(0.0)	(0.5)	(0·I)	(f.0)			(0.3)	(0:3)	(0.3)	(0.3)	(0.2) $42$	
Iib—For class for semi-	(0.0)	(0.0)	(0.2)	(0.2)	(0·I)	(0.2)			$(o \cdot I)$	$(o \cdot I)$	(0·I)	$(o \cdot I)$	(0·I)	
		1	(0.0)			(0.0)			(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	
													(0.0)	
Totals	(6.0)	100 (1.0)	139 (7.8)	116 (I·6)	92 (7·2)	102 (I·4)	(1.2)	l	343 (7·3)	$\frac{322}{(I \cdot 2)}$	(6.3)	694 (r·4)	682 (1·5)	

• The record of defective vision applies to the better eye, and is with spectacles if worn at examination. The figures do not include entrants, as they cannot be examined by means of test types. The percentages given, therefore, relate to the children outwith the entrants group: 32,155 children in all—17 cases fewer than the total number examined outwith the "entrants" age group. (See, however, Appendix IIb, page 62, for the results of examination of children born in 1945.)

TABLE II-Continued.

	Entr	Entrants.	2nd age group.	group.	3rd age group.	group.	4th age group.	group.	All ages.	ges.	1953.	1952.	1951.
Age Gloups	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
10. Speecн													
Defective articulation	125	59	18	10	10	8 (2.0)	1	1	155	78	233	341	255
Stammering	(7.5)	(0.0)	(2.7)	(0.7)	(7.0)	9 (7-0)	1	(0.2)	20.0	(0.3)	(0.4)	96	(6.0) (6.0)
	(0.3)	(o.z)	(6.0)	(0.0)	(0.5)	(v.v)		(0.5)	(0.3)	(J.O)	(0.5)	(0.5)	(0.1)
Totals	156	99	42	13	25	14	1	2	225	95	320	437	324
	(1.5)	(9.0)	(0.2)	(0.5)	(0.3)	(0.5)		(6.4)	(8.0)	(0.4)	(9.0)	(6.0)	(2.0)
11. MENTAL AND NERVOUS CONDITION	ı	ı	7	c	Ç	C			00	C	C L	C,	
Backward	0.00	0.0)	14 (0.0)	50.0	18	7.7	1	1	33	07.0	50	46	42
Dull	(0.0)	(0.0)	(0.2)	9	(0.5)	(0.5)	1	1	(7.0)	(0.7)	(0.7)	31	(0.7)
	(0.0)	(0.0)	(o.1)	(o.1)	(0.0)	(o·I)			(0.1)	(0.1)	(v·v)	(0.1)	(0.0)
Mentally nandicapped (education)	(0.0)	1	1	(0.0)	1		1	1	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
" (ineducable)	1	,	1		1	1	1	1	.			. 1	.
Highly nervous	7	(0.0)	13	6	4	-	1	1	24	(0.0)	(0.0)	Ę.	61
Difficult in bobarions	(0.1)	(0.1)	(0.2)	$(o \cdot I)$	(0.1)	(0.0)			(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
ייי בייי ביייי ביייי	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)			(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Epilepsy (Mild)	7	2	3	0 (1.0)	10	9	1	1	20	16	36	Not av	ailable
(Severe)	(0.7)	(0.0)	0.0	(7.0)		(7.0)	-	1	(7.0)	(10)	(7.0)	Not av	Not available
	(0.0)								(0.0)		(0.0)		and the second s
Totals	26	61	43	28	34	30		1	901	77	183	132	16
	(2.0)	(2.0)	(0.2)	(t·.o)	(0.2)	(4.0)			(t·.0)	(6.3)	(6.3)	(6.3)	(0.2)

	763	770	882 (7-7)	430 (1.6)	452 (7.7)	12 (2.4)	8 (1.1)	133 ( <i>I</i> ··8)	105	123 (r-6)	145 ( <i>I</i> -8)	152 (7·5)	184 ( <i>r</i> ·8)	:	•	:	Totals
	379 (0.8)	353 (0.7)	(0.8)	(0.0)	(0.8)	(8.1)	(0.0)	(2-1)	(0.8)	(0.8)	(0.0)	(0.0)	(9.0)	:	•	٠ :	Other causes
	(0.2) ilable	Not ava	(S.O.)	(S. C.	(6.0)		l	(7.0)	(0.5)	(0.4)	(0.3)	(0.4)	(0.4)	:	0 0	ılsy	Cerebral Palsy
	108	120	155	(0.1)	(7.0)	(2.0)	(6.4)	6 (2.0)	(0.1)	(0.0)	$\begin{pmatrix} 0.1 \\ 27 \\ 1 \end{pmatrix}$	(0.1)	(0.2)	:	:	ickets	Probable Rickets
	43	73	61	26	35		8	12	9 1	8	9	10	20	:	:	ralysis	(b) Acquired Infantile Paralysis
	(0.5)	(4.0)	(6.4)	(6.4)	(0.5)	(6.0)	(o·r)	(6.0)	(6.0)	(6.4)	(0.5)	( <i>t</i> -0)	(9.0)	:	:	:	
	o o	Ö	C	Ç	i c	C	7	Ç	Ġ.	o o	Ć		Š				14. DEFORMITIES
	1,624 (3.4)	1,379	1,746 (3·3)	807	939	(1.0)	(0.0)	137 (I·8)	135	170 (2·3)	244 (3·1)	487	552 (5.3)	:	:	:	Totals
57	(0.1)	(0·1)	(0·I)	14 (0·1)	(0.0)	(0.2)		(0.1)	(0.0)	(0.0)	(0·I)	(0·I)	8 (0.1)	:	:	ses	Other diseases
	(2.8)	(2.1)	(2.8)	(5.6)	(3.1)	(0.2)	(0.3)	(I-2)	$(I \cdot 5)$	(0.2)	(2.6)	(7. <i>f</i> )	(3. <i>t</i> )	:	:	:	Catarrn
	(0.3)	(0.2)	(0.5)	(0.5)	(0.5)	(0.5)	(0.1)	(0.3)	(I.O)	(0.5)	(0.5)	(I-0)	(0.5)			,	4
	(0.3)	(0.3)	(0.5)	(0.5)	(0.5)	(0.4)	(0.1)	(0.5)	(0.5)	(o·1)	(0.5)	(0.3)	(0.2)		0:00		Since Interest of Department
	125	140	114	09	54	2	-	15	12	90	17	33	93			nchitis	
																	13. Lungs
	641	715	521	274	247	7 (1.4)	9 (0.0)	100	99	09	57 (0.7)	100	117	:	:	:	Totals
	(0.2)	(0.8)	(0.2)	(9.0)	(0.2)	(0.1)	(o·r)	(9.0)	(0.3)	(t.o)	(0.3)	(0.2)	(0.8)	•	2		(a)
	(0.4)	(0.3)	(0.2)	(0.3)	(0.2)	L.	(2.0)	(9.0)	(0.5)	(0.2)	(0.3)	(0.0)	(0.0)		0 100	Coundity.	18) Eundinum Conditions
	(0.2) $211$	(0·3) 172	$(0.2) \\ 129$	(z.o)	(2.0)	(6.4)	5	(0·1) 47	(0.1) 36	(0.2) $16$	(0.2)	(0.3)	(0.3)	:	•	:	Acquired
	104	141	103	52	51	61		9	9	71	17	29	28	: :	ease	urt Dis	(a) Organic Heart Disease Congenital
		•				•		٠									

TABLE II-Continued.

	ı			,	1
1951.	Totals.	29 (o·r)	Not available	Not available	1,637
1952.	Totals.	12 (0.0)	Not av	Not av	1,548
1953.	Totals.	39 (0.1)	146 (0·3)	(0.0)	1,630
ges.	Girls.	23 (0.1)	49 (0.2)	1	871 (3·3)
All ages.	Boys.	16 (0.1)	97	(0.0)	759
group.	Girls.		(0.8)	1	$\begin{pmatrix} 11\\ (2\cdot 2) \end{pmatrix}$
4th age group.	Boys.	$(o \cdot r)$	$\begin{pmatrix} 1 \\ (o \cdot x) \end{pmatrix}$	1	5 (0.7)
group.	Girls.	(0.0)	12 (0.2)	1	173
3rd age group.	Boys.		30 (0.4)		98 (7.3)
group.	Girls.		15 (0.2)		261
2nd age group.	Boys.	(0.0)	32 (0.4)	(0.0)	263
Entrants.	Girls.	21 (0.2)	18 (0.2)		412 (4.0)
Enti	Boys.	12 (o·r)	32 (0.3)		382 (3.7)
	:	:	•		
	:	:	*	:	EFECT
9	sdno	ASES			OR D
	age Groups.	Dise	•		GASES
*	τ,	TIOUS		TES .	DISI
		15. Infectious Diseases	16. Азтнжа	17. Diabetes	18. OTHER DISEASES OR DEFECTS
		15.	16.	17.	18.



APPENDIX IIa. — ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS, Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section. "Sections" are indicated by horizontal lines across the columns.

51.	Fotals.	28,562 (59·9)	4,363 (9·2) 2,188 (+·6)	9,037 (19.0) (5,569 (13.8)	4,061 (8·5) 14,546 (30·5)	88 (5.0)	(30-0) 1,628 (3-4) (3-4) (3-7) 9,853
1951							
1952.	Totals.	30,216 (58.8)	5,415 (10·5) 2,449 (4·8)	9,272 (18·1) 7,464 (1+·5)	4,315 (8·4) 14,755 (28·7)	(c.o)	21,998 (42.8) (42.8) 1,921 (3.7) 10,187
1953.	Totals.	32,989 (62.3)	5,958 (11.3) 2,765 (5.2)	8,535 (16·1) 7,368 (13·9)	5,282 (10.0) 15,395 (29.1)	135 (0·3)	23,010 (43.5) (0.1) 2,214 (47.2) 10,351 (19.6)
All ages.	Girls.	16,831 (64.4)	3,182 ( <i>12°2</i> ) 1,862 (7·1)	4,141 (15.9) 3,744 (14.3)	3,392 (13.0) 7,725 (29.6)	76 (0.3)	10,503 (40°2) 11 (0°0) 1,834 (7°0) 5,100 (7°3)
All a	Boys.	16,158 (60.2)	2,776 (10·3) 903 (3·4)	4,394 (16·4) 3,624 (13·5)	1,890 (7.0) 7,670 (28.6)	(2.0)	12,507 (46.6) (6.1) (6.1) 380 (7.4) 5,251 (49.6)
group.	Girls.	(9.3)	(3.8) (0.2)	(8·7) 21 (4·2)	16 (3.2) 69 (13.7)	(0.2)	353 (69.9) (0.2) (0.2) (0.2) 42 (8.3)
4th age	Boys.	(2.6)	22 (3·0) 4 (0·6)	85 (11.8) 22 (3.0)	10 (1:4) 106 (14:7)	(0.1)	523 (7.2.7) - - - (5.8)
group.	Girls.	1,487	603 (8·1) 861 (11·6)	850 (17.5) 1,202 (16.2)	1,077 (14°5) 2,081 (28°1)	9 (0.1)	3,180 (42.9) 5 (0.1) 969 (13.1) 877 (11.8)
3rd age	Boys.	945 (12.7)	347 (4·6) 276 (3·7)	831 (II·I) 925 (I2·4)	211 (2·8) 1,673 (22·4)	(o.1)	4,437 (59.4) 5 (0.1) 133 (7.8) 915 (12.3)
group.	Girls.	5,362 (71.7)	755 (10·1) 455 (6·1)	1,252 (16·8) 1,117 (14·9)	846 (17·3) 2,322 (37·1)	14 (0.2)	3,127 (47-8) 2 (0·0) 418 (5·6) 1,331 (77-8)
2nd age	Boys.	5,161 (65.6)	716 (9·1) 272 (3·5)	1,251 (15°9) 1,284 (16°3)	515 (6·5) 2,461 (31·3)	16 (0.2)	3,472 (4.4.1) (0.1) 112 (1.4) 1,536 (19.5)
Entrants.	Girls.	9,787 (94.8)	1,753 (17.0) 511 (4.9)	1,951 (18°9) 1,332 (12°9)	1,393 (13:5) 3,137 (30·4)	51 (0.5)	3,682 (35.7) 3 (0.0) 396 (3.8) 2,793 (27.1)
Ent	Boys.	9,918 (95.0)	1,671 ( <i>r</i> 6·0) 340 (3·3)	2,187 (20°9) 1,351 (12.9)	1,138 (10°9) 3,356 (32°1)	34 (0·3)	3,896 (37°3) 5 (0°0) 128 (1°2) 2,719 (26°0)
varioa () ou (		Parents present at examination	Children notified to parents as requiring treatment:—  (a) Defects of clothing (Verbally and or cleanliness and trivial caries of the temporary teeth printed	(b) Other defects {  By By Drinted notice.	Children noted for re-inspection:—  (a) Defects of clothing, etc. (as above)  (b) Other defects	Children excluded from attendance at school	Children " free from defects " in terms of Table III :—  (a) No recorded defect  (b) Defects of clothing only  (c) Defects of cleanliness only  (d) Minor dental defect with or without clothing and/or elementiness defeated.

	61			
30,035 (63.0) 15,278 (32.1) 2,332 (4.9)	1,594 (5·2) 915 (3·0) 197 (0·6) 777 777 (2·5) 823 (2·7) 1,106 (3·6)	24,586 (79.8) 2,716 (8.8) 784 (2.5)	243 (0·5) 40,136 (84·2) 7,262 (15·2)	29,213 (6r.3) 10,047 (2r.r) 8,382 (17.6)
33,832 (65.9) 15,103 (29.4) 2,413 (4.7)	1,897 (6.0) 865 (2.7) 183 (0.6) (0.6) (3.0) 880 (2.8) 1,125 (3.0)	25,179 (80·0) 2,551 (8·1) 812 (2·6)	312 (0.6) 43,982 (85.7) 7,050 (13.7)	34,700 (67.6) (67.6) (72.5) 10,229 (79.9)
35,731 (67°5) 14,928 (28°2) 2,280 (4°3)	(5.9) (7.9) (2.7) (2.7) (3.7) (2.7) (2.7) (2.7) (2.7) (2.7) (2.7) (2.7) (2.7) (2.7) (2.7) (2.7) (2.7)	25,885 (80-5) 2,576 (8·0) 742 (2·3)	271 (0·5) 45,410 (85·8) 7,258 (13·7)	$\begin{array}{c} 37,955 \\ (77.7) \\ 2,280 \\ (4.3) \\ 12,702 \\ (24.0) \end{array}$
17,651 (67-6) 7,408 (28-4) 1,058 (4·1)	1,027 (6.5) 494 (3.1) 93 (0.6) 490 (3.0) 650 (4.1)	12,499 (79°2) 1,293 (8°2) 379 (2°4)	124 (0·5) 22,399 (85·8) 3,594 (13·8)	18,644 (71.4) 1,242 (4.8) 6,230 (23.9)
18,080 (67.4) 7,520 (28.0) 1,222 (4.6)	874 (5·3) 376 (2·3) 88 (0·5) (0·5) 407 (2·4) 407 (2·3) 538 (3·3)	13,386 (81.8) 1,283 (7.8) 363 (2.2)	147 (0·5) 23,011 (85·8) 3,664 (13·7)	19,311 (72°0) 1,038 (3°9) 6,472 (24°1)
456 (90-3) 49 (9-7)	99 (19·6) 18 (3·6) (7·4) (7·3) (3·8) (68 (13·5)	$\begin{array}{c} 352 \\ (69.7) \\ 19 \\ (3.8) \\ 10 \\ (2.0) \end{array}$	$ \begin{array}{c} (0.2) \\ 485 \\ 485 \\ (96.0) \\ 19 \\ (3.8) \end{array} $	427 (84·5) · 41 (8·1) 37 (7·3)
(91.7) (9.7) (7.6) 55 (7.6) 5	85 (17.8) 40 (5.5) 11 (7.5) (7.5) 40 (5.5) (5.5)	534 (74°0) 39 (5°4) 12 (1°7)	689 (95.4) 33 (4.6)	585 (87.0) 50 (6.9) 87 (72.0)
(80.1) (19.1) (19.1) (0.8)	442 (6.0) 243 (3.3) 61 (0.8) 191 (2.6) 204 (2.8) 351 (4.7)	5,830 (78.7) 625 (8.4) 213 (2.9)	11 (0·7) 6,969 (94·0) 436 (5·9)	5,615 (75.7) 809 (10.9) 991 (13.4)
6,053 (81·1) 1,365 (18·3) 50 (0·7)	385 (5·2) 140 (7·9) 35 (0·5) (0·5) 154 (2·0) 25·5 (3·4)	6,121 (82.0) 577 (7.7) 207 (2.8)	(0.2) 7,010 (93.9) 444 (5.9)	5,837 (78.2) 594 (8.0) 1,037 (73.9)
5,172 (69.2) 2,139 (28.6) 164 (2.2)	(6.3) (6.3) (227) (2.2) (2.3) (2.4) (3.4) (3.4) (3.5)	5,987 (80·r) 624 (8·4) 140 (7·9)	31 (0.4) 7,005 (93.7) 439 (5.9)	5,357 (71.7) 253 (3.4) 1,865 (24.9)
8,245 (66.6) (66.6) 2,416 (30.7) 2111 (2.7)	391 (5·0) 193 (2·5) 40 (0·5) 214 (2·7) 209 (2·7) 209 (2·7) 201 (2·6)	6,465 (82.2) 646 (8.2) 133 (1.7)	32 (0·4) 7,376 (93·7) 464 (5·9)	$\begin{array}{c} 5,611 \\ (7^{I\cdot3}) \\ 270 \\ (3\cdot4) \\ 1,990 \\ (25\cdot3) \end{array}$
$\frac{5,791}{(56 \cdot t)}$ $\frac{3,711}{(35 \cdot 9)}$ $\frac{823}{(8 \cdot 0)}$	ty tt t ded	55 55	80 (0.8) 7,581 (73.4) 2,664 (25.8)	6,967 (67.5) 100 (r.0) 3,258 (?r 6)
5,870 (56.2) 3,622 (34.7) 950 (9.1)	Visual acuity of entrants not recorded	See	99 (0.9) 7,648 (73.2) 2,695 (25.8)	7,037 (67.4) 109 (r.0) 3,296 (31.6)
Sound One to four decayed Five or more decayed	With glasses— Good, 6/6 Fair, 6/9, 6/12 Bad, 6/18, etc. Without glasses Good, 6/6 Fair, 6/9, 6/12 Bad, 6/18, etc.	Good, 6/6 Fair, 6/9, 6/12 Bad, 6/18, etc.	Partial Completed Not immunised	Successful vaccination Successful re-vaccination Unsuccessful or no vaccination reconstinion reconstruction rec
Tee th-Sound Number Recorded 52,939	Visual acuity (Snellen)  Children who wore glasses at examination	Children not wearing- glasses at examin- ation	Immunisation (Diphtheria).  Number Recorded 52,939	Vaccination (Smallpox) Number Recorded 52,937

# APPENDIX IIb.—VISUAL ACUITY AND HEARING OF CHILDREN BORN IN 1945

See Report for 1948, page 52.

The partial examination of children approximately 7 years old was again included in the annual scheme of systematic medical inspection of school children at the request of the Department of Health for Scotland. Detailed results of inspection during the period are given below under the relative sub-headings, and columns of 1952 and 1951 totals are also supplied for purpose of comparison.

#### VISUAL ACUITY.

Result of Eyesight (Snellen) Test.

220000000000000000000000000000000000000	0.8.11	000.					
			No.	and per	centage.		
				1953.		1952.	1951.
			Boys.	Girls.	Totals.		Totals.
	CXX7:41: C1		Boys.	GHIS.	Totais.	Totais.	Totals.
	With Glasses—				000	001	
	Good, 6/6		131	151	282	234	177
			$(I \cdot g)$	(2.2)	(2.0)	(1.6)	(1.2)
	Fair, 6/9, 6/12		218	236	454	575	516
	, , , , , , , ,		(3.1)	(3.5)	(3.3)	(3.8)	(3.5)
Children who	Bad, 6/18, etc.		40	44	84	106	104
	Dad, 0/10, etc.	• • •					
wore glasses			(0.6)	(0.7)	(0.6)	(0.7)	(0.7)
at examin-	Without Glasses-	-					
tion.	Good, 6/6		68	84	152	129	105
	·		(1.0)	(1.2)	$(I \cdot I)$	(0.9)	(0.7)
	Fair, 6/9, 6/12		`178	`20Ó	`378	471	`39\$
			(2.5)	(3.0)	(2.7)	(3.1)	(2.7)
	Dod C/19 ata		143	147		315	294
	Bad, 6/18, etc.	• • •			290		
			(2.0)	(2.2)	(2.1)	$(2\cdot I)$	(2.0)
	Good, 6/6		4,476	4.267	8.743	8,501	8.058
Children not	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(63.4)	(63.4)	(63.4)	(56.5)	(55.1)
wearing	Fair, 6/9, 6/12		1,690	1,522	3,212	4,446	4,618
	Y air, 0/9, 0/12	***					
glasses at	D 1 0/10		(24.0)	(22.6)	(23.3)	(29.5)	(31.6)
examination	Bad, 6/18, etc.		500	515	1,015	1,184	1,143
	Į.		(7.1)	(7.6)	(7.4)	(7.9)	(7.8)
	77. 4. 7		7.055	C 725	12.700	15.016	14 010
	Totals	* * *	7,055	6,735	13,790	15,046	14,616

Summary of findings (taking the better eye and with spectacles if worn at examination):—

·	No. and percentage.								
				1953.		1952.	1951.		
			Boys.	Girls.	Totals.	Totals.	Totals		
Good, 6/6	***		4,607	4,418	9,025	8,735	8,235		
			(65.3)	(65.6)	(65.4)	(58.0)	(56.3)		
Fair, 6/9, 6/12			1,908	1,758	3,666	5,021	5,134		
			(27.0)	(26.1)	(26.6)	(33.4)	(35.1)		
Bad, 6/18, etc.			540	559	1,099	1,290	1,247		
			(7.7)	(8.3)	(8.0)	(8.6)	$(S \cdot 5)$		
Totals			7,055	6,735	13,790	15,046	14,616		
				-			2-000,0000		

Of those with defective eyesight, 1,230 (597 boys and 633 girls) were recommended for refraction or for re-test.

#### HEARING.

#### Result of Hearing Test.

	No. and percentage.							
		Boys.	19 <b>53.</b> Girls.	Totals.	1952. Totals.	1951. Totals.		
Normal		7,005	6,685	13,690	14,941	14,534		
Defective—		(99.3)	(99.3)	(99.3)	(99.3)	(99.4)		
Grade I, for ordinary class		11	14	25	62	23		
		(0.2)	(0.2)	(0.2)	(0.4)	(0.2)		
Grade IIa, for front seat		8	3	11	11	35		
		$(o \cdot I)$	(0.0)	$(o \cdot I)$	$(o \cdot I)$	(0.2)		
Grade IIb, for class for semi-deaf		25	26	51	26	24		
		(0.4)	(0.4)	(0.4)	(0.2)	(0.2)		
Grade III, for deaf class		6	7	13	6			
		(0.1)	$(o \cdot I)$	$(o \cdot I)$	$(o \cdot o)$			
Totals	• • •	7,055	6,735	13,790	15,046	14,616		

69 of the above children (35 boys and 34 girls) were referred to clinic for investigation of the cause of deafness.

# APPENDIX IIc.—AVERAGE MEASUREMENTS OF SCHOOL CHILDREN.

The averages for age, height and weight of children in the four age-groups measured at routine inspection during the year 1952-53 are given below with comments.

#### Pupils aged Sixteen Years.

Details of the average measurements in this age-group are as follows:—

	Non-tra	nsferred	Trans	ferred	All		
	Boys	Girls	Boys	Girls	Boys	Girls	
Number examined Average age (in months beyond	437	316	137	57	574	373	
year of age)	6.37	6.66	6.86	4.56	6.49	6.34	
Height (in inches)	67.39	63.90	66.65	63.35	67.21	63.82	
Weight (in pounds)	132.92	121.71	131.79	118-47	132.65	121-21	

#### Pupils in Other Age-Groups.

On page 65 is a table showing the averages of 5, 9 and 13 year-olds in 1953 and the relative average measurements adjusted to uniform ages for that year and for each of the previous years back to 1944.

To simplify the study of these adjusted measurements, the highest in each column is printed in **heavy** type and the second highest in *italics*.

The findings may be stated as under:—

- (1) Pupils aged five years.
  - (a) Boys. Height and weight averages of "transferred" pupils were the highest in each series but those of the "non-transferred" failed to reach even the second place. The "all" figures were the second highest in each column, height just failing to equal the previous highest and weight showing an improvement compared with recent years.
  - (b) GIRLS. Average heights were the highest in each column. Weights were highest for "transferred," second highest for "all," but the average for "nontransferred" showed no improvement.
- (2) Pupils aged nine years.
  - (a) Boys. The average heights equalled the previous highest except for those of "transferred" pupils who took second place by a small margin. Highest place in each column was attained by weights.
  - (b) GIRLS. Highest place was occupied in all six columns.
- (3) Pupils aged thirteen years.
  - (a) Boys. Highest place was attained in each series.
  - (b) Girls. Highest place was reached in five out of six columns, weight of "transferred" pupils being second highest in its series.
- (4) In each relative group the average measurement in 1953 was higher than the highest average in any year prior to 1944.

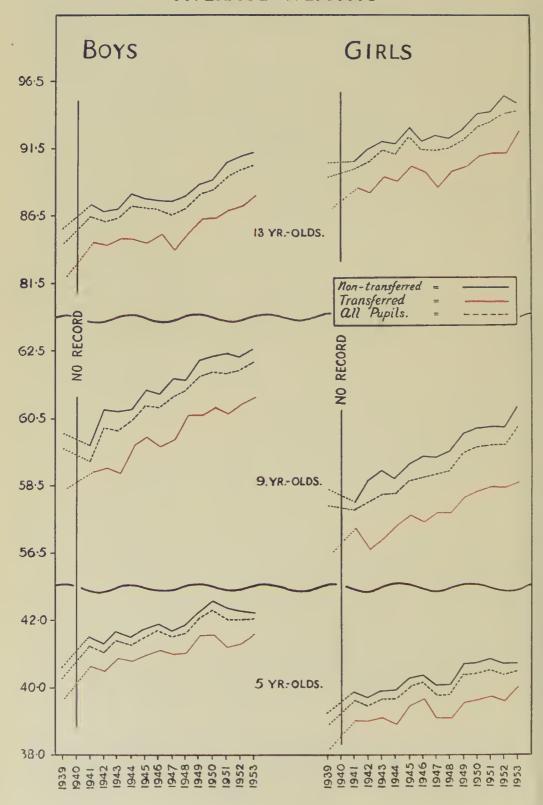
On pages 66 and 67, graphs of the average measurements each year since 1939 of children aged 5, 9 and 13 years are displayed. The general upward trend will be noted and the accelerated growth of adolescent girls is clearly shown.

Numbers, Average Ages and Measurements of Children of 5, 9 and 13 years of age within the Groups examined during Systematic Inspection. (The highest "adjusted" average in each column is in black type and the second in italics.)

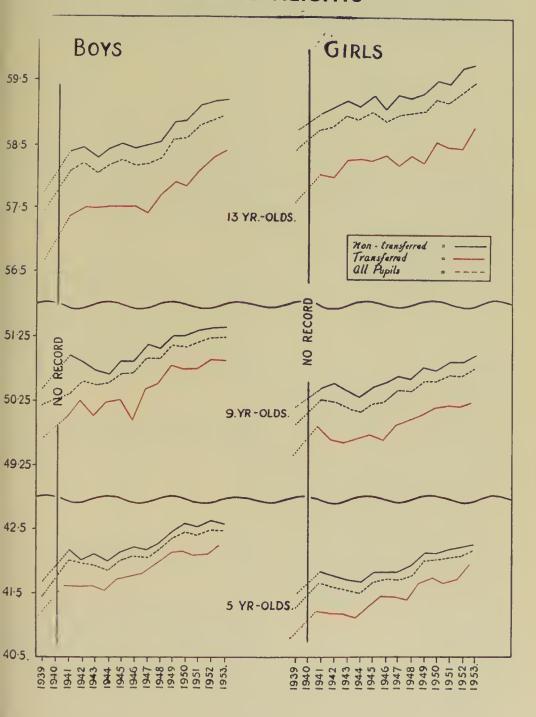
1 1		1		1 m a m m	1 1		, ,	1
	All	(5.69)	Wt. lbs. 90.87	89.38 89.38 88.43 88.43 88.13 87.18 86.67 87.01 87.23		(5.64)	Wt. lbs. 94-87	94.29 94.12 93.46 93.16 92.16 91.58 91.41 91.47 92.37
	1	6,453	Ht. ins. 59.09	58.28 58.28 58.20 58.20 58.28 58.28 58.28 58.28	,	6,410	Ht. ins. 59-55	59.45 59.32 59.13 59.01 58.98 58.98 58.90 58.90
YEARS.	erred	(5.56)	Wt. lbs. 88-57	88.13 86.82 86.82 86.33 86.28 85.19 83.97 84.45		(5.20)	Wt. lbs. 93.51	93.00 91.25 91.25 91.25 91.02 90.24 89.87 89.87 89.82 90.26
13 YE	Transferred	1,905	Ht. ins. 58·50	58.40 558.25 558.05 57.80 57.88 57.88 57.47 57.47 57.46		2,002	Ht. ins. 58-87	588.45 588.45 588.45 588.23 588.33 588.33 588.33 588.23
	p.Jsu	(5.75)	Wt. lbs. 91.83	91.25 90.50 90.50 89.19 88.86 87.97 87.60 87.70 87.70		(2.68)	Wt. lbs. 95.49	94.87 94.42 94.42 94.42 94.10 92.94 92.50 92.07 93.08
	Non-transf'd	4,548 (	Ht. ins. 59.34	5.50 5.50 5.50 5.50 5.50 5.50 5.50 5.50		4,408	Ht. ins. 59.86	59.76 59.76 59.76 59.52 59.52 59.53 59.05 59.05 59.26
		(80.9)	Wt. lbs. 62·62	62-14 67-90 61-82 61-84 61-73 61-73 60-78 60-88		(6.26)	Wt. lbs. 60-86	60.24 559.72 559.71 559.49 58.95 58.95 58.76 58.76 58.76
	All	6,695	11t. ins. 51.41	51.22 51.22 51.22 51.08 51.08 50.89 50.90 50.67 50.66		6,192	Ht. ins. 50.95	50.73 50.73 50.62 50.54 50.54 50.24 50.24 50.20
RS.	erred	(6.26)	Wt. lbs. 61-69	61.13 60.93 60.79 60.57 60.57 60.57 59.84 59.94		(6.50)	Wt. lbs. 59.40	58.49 58.49 58.52 58.53 58.38 57.73 57.75 57.45 57.45
9 YEARS	Transferred	1,935 (	Ht. ins. 51.04	50.83 50.83 50.70 50.70 50.75 50.49 50.49 50.22 50.22		1,806	Ht. ins. 50.48	50.22 50.15 50.15 50.13 50.02 49.94 49.87 49.64 49.70
	p.Jsun	(00.9)	Wt. lbs. 62.99	62.55 62.30 62.30 62.33 62.33 62.33 61.62 61.22 61.22 61.22		(6.16)	Wt. lbs. 61.46	60.89 60.27 60.22 60.05 60.05 59.31 59.34 59.38 59.13
	Non-transf'd	4,760 (	Ht. ins. 51.55	51.38 51.38 51.26 51.26 51.26 51.05 50.88 50.88		4,386	Ht. ins. 51·14	50.94 50.83 50.83 50.73 50.76 50.59 50.53 50.53 50.53
		(4.23)	Wt. lbs. 42.12	42.02 42.02 42.05 42.05 42.05 41.61 41.63 41.52 41.52		(4-42)	Wt. lbs. 40-64	40.54 40.54 40.54 40.46 40.41 39.83 39.83 39.81 40.20 40.07
	IIV	9,712 (	Ht. ins. 42.52	42.48 42.49 42.40 42.47 42.36 42.08 42.08 42.08 42.08		9,628	Ht. ins. 42-22	42.16 42.03 42.03 42.00 41.98 41.74 41.70 41.70
RS.	erred	4.67)	Wt. lbs. 41.77	41.61 41.23 47.59 41.57 41.05 41.05 40.98		(4.77)	Wt. lbs. 40-30	40.13 39.69 39.72 39.72 39.17 39.17 39.17 39.75 39.75
5 YEARS	Transferred	2,930 (4.67	Ht. ins. 42-33	42.23 42.07 42.05 42.05 42.10 11.91 11.77 11.77 11.73 41.68		2,983	Ht. ins. 42.06	41.72 41.72 41.66 41.65 41.63 41.42 41.44 41.29 41.29
	ansf'd	(4.03)	Wt. lbs. 42.28	42.27 42.30 42.40 42.60 42.60 42.25 41.85 41.69 41.90 41.75		(4.26)	Wt. lbs. 40.79	40.73 40.74 <b>40.89</b> 40.78 40.73 40.10 40.41 40.33 39.97
	Non-transf'd	6,782 (4.03)	Ht. ins. 42.60	42.59 42.65 42.55 42.47 42.29 42.19 42.19 42.13		6,645	Ht. ins. 42.30	42.26 42.18 42.13 42.11 41.91 41.82 41.82 41.81 41.66
AGE.	Type of School	No. of Boys &	Age (months)* 1953 Actual Average Measurements	Adjusted Average Measurements (uniform ages of yrs, 4 mths., g yrs, 5 mths., and 1947— 1947— 1947— 1947— 1946— 1945— 1945—		No. of Girls &	Age (monus)* 1953, Actual Average Measurements	Adjusted Average Measurements (uniform ages of yrs. 4 mths., and and 3 yrs. 5 mths. 1945— 1947— 1947— 1947— 1947— 1945— 1945—

\*Beyond years of age given at head of sections.

#### **AVERAGE WEIGHTS**



#### **AVERAGE HEIGHTS**



# TABLE III.—SYSTEMATIC MEDICAL EXAMINATION OF ACCORDING TO REMEDIABILITY OF THE MAJOR

CLASSIFICATION	No. of children each group (and						
	H	Entrants	,	Second Age Group			
	Boys	Girls	Total	Boys	Girls	Total	
I. Children free from defects	6,748 (64·6)	6,874 (66·6)	13,622 (65·6)		4,878 (65·3)	10,004 (65·2)	
II. Children (otherwise free from defects) who suffer from—  (a) Defective vision not worse than 6/12 in the better eye with or without glasses; or (b) Oral Sepsis  (c) Both (a) and (b)	168 (1·6)	171 (1·7)	339 (1·6)	587 (7·5) 128 (1·6) 14 (0·2)	623 (8·3) 112 (1·5) 13 (0·2)	1,210 (7·9) 240 (1·6) 27 (0·2)	
Totals	168 (1·6)	171	339	729 (9·3)	748 (10·0)	1,477 (9.6)	
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks	2,001 (19·2)	1,927 (18·7)	3,928 (18·9)	1,064 (13·5)	1.003 (13·4)	2,067 (13·5)	
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases—  (a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible  (b) Where improvement only is	1,154 ( <i>II</i> · <i>I</i> )	1,013	2,167 (10·4)	594 (7·5)	551 (7·4)	1,145 (7.5)	
considered possible, e.g. without complete restoration of function	370 (3·5)	338	708 (3·4)	358 (4•5)	294 (3·9)	652 (4·2)	
Totals	1,524 (14·6)	1,351 (13·1)	2,875 (13·8)	952 (12·1)	845 (11·3)	1,797	
V. Children suffering from defects from which improvement is not considered possible	1 (0·0)	2 (o·o)	3 (0.0)	l (0·0)	1 (0.0)	2 (0.0)	
Total numbers of children examined	10,442	10,325	20,767	7,872	7,475	15,347	

<sup>•</sup> Includes 714 children

# CHILDREN IN ORDINARY SCHOOLS. CLASSIFICATION DEFECTS FOUND IN THE INDIVIDUAL CHILD.

EXAMINED IN PERCENTAGES).

No. of CHILDREN EXAMINED (AND PERCENTAGES).

Thir	d Age (	Group	Four	th Age	Group	]	All Agrotals,	ges 1953	Totals,	Totals,
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	1952	1951
5,490 (73·5)	5,031 (67·8)	10,521 (70·7)	565 (78·3)	397 (78·6)	962 (78·4)	18,154 (67·7)	17,448 (66·8)		34,106 (66·4)	30,476 (64·0)
595 (8·o) 63 (o·8)	665 (9·0) 101 (1·4) 15	1,260 (8·5) 164 (1·1)	67 (9·3) 4 (0·6)	34 (6·7) 1 (0·2)	101 (8·2) 5 (0·4)	1,264 (4·7) 367 (1·4)	1,343 (5·1) 395 (1·5) 29	2,607 (4·9) 762 (1·4)	2,566 (5·0) 562 (1·1)	2,594 (5·4) 667 (1·4)
(0.0)	(0.2)	18	(0.1)	-	(0.1)	18 (0.1)	(o·1)	(0·I)	(0·I)	45 (o·1)
661 (8·9)	781 (10·5)	1,442 (9·7)	72 (10·0)	35 (6·9)	107	1,649 (6·1)	1,767 (6·8)	3,416 (6·5)	3,163 (6·2)	3,306 (6.9)
712 (9·5)	820 (II·I)	1,532	32 (4.4)	32 (6·3)	64 (5.2)	3,840 ( <i>1</i> 4·3)	3,829 (14·7)	7,669 (14·5)	7,575 (14·8)	7,535 (15·8)
317	463	780	30	22	52	2,118	2,078	4,196	4.572	4.000
(4.2)	(6.2)	(5.2)	(4.2)	(4.4)	(4.2)	(7.9)	(8.0)	(7.9)	4,573 (8·9)	4,393 (9·2)
286 (3.8)	320 (4.3)	606 (4·1)	23 (3·2)	17 (3·4)	40 (3·3)	1,055 (3·9)	989 (3·8)	2,044 (3·9)	1,910 (3·7)	1,881 (3·9)
(8· <i>I</i> )	783 (10·6)	1,386	53 (7·3)	39 (7·7)	92 (7·5)	3,173 (11·8)	3,06 <b>7</b> (11·7)	6,240 (11·8)	6,483 (12·6)	6,274 (13·2)
2 (0.0)	1 (0.0)	3 (0.0)	_	2 (0·4)	2 (0.2)	6 (0.0)	6 (0.0)	12 (o·o)	22 (o·o)	55 (o·1)
7,468	7,416	14,884	722	505	1,227	26,822	26,117	<b>52,</b> 939	51,349	47,646

outwith normal Age Groups.

# APPENDIX IIIa.—INSPECTION OF SPECIAL CASES ("NON-ROUTINES" AND "ABNORMALS").

Defects found in Children presented for Medical Inspection as "Non-Routines"—10,937 children were presented for "non-routine" inspection (generally on account of defect observed or suspected by teachers); 9,601 of these were pupils in ordinary schools and 1,336 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were: nits minor, 218; nits major and/or vermin, 175; skin conditions, 998; eye conditions (including defective vision), 3,444; car, nose and throat defects, 1,364; "general" defects, 3,837; defective teeth, 128; no apparent disease, 262; and other causes, 601.

RE-INSPECTION BY MEDICAL OFFICERS OF "ABNORMALS".—The total number of re-inspections was 12,718. Of these, 4,866 (38·3 per cent.) were found to be receiving treatment at the school clinics, 2,587 (20·3 per cent.) were being treated elsewhere, 3,542 (27·9 per cent.) did not require treatment and 1,723 (13·5 per cent.) had not had the necessary treatment provided. These last were unimportant cases or were reported for "following up" by other methods.

(Details of "non-routine" and "abnormal" cases examined in Nursery Schools are given on page 83).

#### APPENDIX IIIb.—OTHER SPECIAL INSPECTIONS.

- (a) Leaving Interviews.—These were granted to 8,862 pupils in order to bring medical records up-to-date and to give advice regarding suitability for certain occupations.
- (b) HOLIDAY CAMPS, ETC.—Arrangements were again made for the inspection of pupils attending schools, junior clubs, and play centres who had been proposed for holiday camps in the summer and for school children going to harvesting camps in the autumn. The numbers of children examined were much the same as last year.

# (i) School, Junior Club and Play Centre Holiday Camps (June-July, 1953).

		Во	Ys.	GIRLS.			
		Preliminary Inspection.	Final Inspection.	Preliminary Inspection.	Final Inspection.		
		No. and %.	No. and %.	No. and %.	No. and %.		
Fit *Fit? Unfit	•••	2,712 (86·o) 400 (12·7) 40 (1·3)	3,001 (98·1) 	1,833 (69·2) 775 (29·3) 39 (1·5)	2,510 (94·o) 160 (6·o)		
Totals		3,152	3,059	2,647	2,670		

<sup>\*</sup> Doubtful fitness at preliminary inspection.

In the above table the percentages shown for children recorded as "fit" at both inspections were superior to those of 1952. Most of the rejections were due to uncleanliness.

### (ii) Children for Harvesting Camps (October, 1952).

		Во	Ys.	GIRLS.			
		Preliminary Inspection	Final Inspection.	Preliminary Inspection.	Final Inspection.		
		No. and %.	No. and %.	No. and %.	No. and %.		
*Fit?	•••	1,850 (75·1) 498 (20·2) 115 (4·7)	2,105 (92·3) 175 (7·7)	320 (51·9) 261 (42·4) 35 (5·7)	363 (74·2) 126 (25·8)		
Totals	• • •	2,463	2,280	616	489		

<sup>\*</sup> Doubtful fitness at preliminary inspection.

Compared with the returns for the similar period in the previous year fewer children were passed as "fit" for harvesting. Uncleanliness was here also the principal cause of rejection.

(c) CLEANLINESS INSPECTION IN SCHOOLS.—Cleanliness Inspectresses examined more children than ever previously recorded in these Reports back to and including the year 1942, when the cleanliness scheme was introduced. Nurse Inspectresses of the Sanitary Divisions, however, saw fewer children at general inspections than for some years. The results as recorded by the Cleanliness Inspectresses, showed evidence of some improvement at first inspections and also in respect of major conditions at re-inspections. Nurse Inspectresses recorded a slight improvement in respect of girls with nits infection. Details of these inspections are given below.

Cleanliness Inspectresses of the School Health Service.

****	Во	YS.	Gi	GIRLS.			
	1953	1952	1953	1952			
First Inspections. Examined Infested Infected	54,536	50,686	55,758	51,378			
	868 (1·6)	1,086 (2·1)	2,789 (5·0)	3,271 (6·4)			
	3,416 (6·3)	3,141 (6·2)	11,614 (20·8)	11,067 (21·5)			
Re-Inspections. Examined Infested Infected	16,425	16,096	39,796	44,060			
	952 (5·8)	1,201 (7·5)	4,443 ( <i>II</i> ·2)	5,450 (12·6)			
	5,264 (32·0)	4,958 (30·8)	19,801 ( <i>49</i> ·8)	20,842 (47·3)			

In 874 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Woman Assistants. On re-inspection, 227 were found to have been cleansed at home by the parents and 323 to have been compulsorily disinfested at school or clinic.

Under Section 52 of the Education (Scotland) Act, 1946, 103 cases were referred to the Procurator Fiscal during the course of the year. Of that total, 5 cases were abandoned or deserted and 98 who pleaded or were found guilty were penalised as follows. Fines were imposed on 88 parents—2 of £5 each, 1 of £3, 81 of £1, 3 of 10s. and 1 of 5s.—9 were admonished and 1 had sentence deferred.

Nurse Inspectresses of the Sanitary Divisions.

	Во	YS.	GIRLS.		
General Inspections. Examined Infested Infected	1953	1952	1953	1952	
	49,165 164 (0·3) 5,919 (12·0)	50,243 103 (0*2) 5,461 (10·9)	46,761 460 (1·0) 13,824 (20·6)	47,886 323 (0·7) 14.594 (30·3)	

The Nurse Inspectresses also visited 3,931 houses and re-visited 297. They issued 477 formal printed notices to parents to cleanse the children within 24 hours, and reported that 30 children had been cleansed at clinics and 7,945 by the parents.

APPENDIX IIIc.—CLEANLINESS SUPERVISION BY SENIOR WOMEN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS.

See Report for 1952, page 70.

Reorganisation of the scheme as envisaged in the 1952 Report was effected during the year with slight modifications.

Of the three new Hygiene Units chosen to replace those previously discontinued, one (St. Mark's Primary) had not commenced to function by the end of the session.

Full-time Welfare Attendants were appointed to the Units attached to three more schools, viz. Annfield and St. Patrick's G. & I. from 13th October, 1952, and Oatlands from 12th January, 1953. This increased to six the number of Units where full-time attendants were employed.

With regard to the success of the experiment being conducted in the six schools, it was perhaps rather early as yet to express a definite opinion but there were satisfactory indications. The latest returns showed improved percentages of clean children in these schools since the appointment of the full-time attendants, and headmasters of the schools concerned were emphatic that the work was now being more efficiently undertaken.

The following Table gives the percentages of children in 25 of the selected schools found to be "clean and well-cared-for in every respect" at two general inspections during the session.

	First Inspection.		Second Inspection.	
	Boys.	Girls.	Boys.	Girls.
Six original schools (January, 1941)	83.6%	60.6%	89.1%	69.8%
All selected schools	84.3%	63.5%	89.2%	72.2%

In the six original schools the girls showed decided improvement at both inspections compared with the previous year. The percentage at second inspection for the girls was, in fact, the best, except for the year 1950, since 1946. The boys, however, showed some deterioration.

As regards all selected schools, the discontinuance of three Units with good returns and the addition of two new Units might be expected to influence adversely the average percentages. However, the girls were improved at both inspections compared with the previous year and the steady progress since 1941 at the second inspection was noteworthy, while that at the first inspection was only less consistent. The boys failed to improve upon the previous year's figures at both first and second inspections but the averages compared favourably with those of previous years, particularly at second inspection.

TABLE IV.—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

	(a)	///	1 ,	
Disability.	(a)	(b)	(c)	Totals.
	At ordinary school.	At special schools or classes.	At no school or institution.	
I. Blind 2. Partially Sighted—	_	51		51
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition (b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be		36		36
taught in an ordinary school	*170 *56	46 — 114 270		46 170 56 114 270
(a) Defects of articulation		200		2.0
requiring special educational measures  (b) Stammering requiring special educational measures	†626	2	_	628
5. MENTALLY HANDICAPPED— (Children between 5 and 16 years)— (a) Educable (I.Q. approx.				
50-70) (b) Ineducable (I.Q. gener-		3,043		3,043
ally less than 50)	4-1	407	91	498
(a) Mild and occasional (b) Severe (suitable for care		51		51
in a residential school) ¶ 7. Physically Handicapped— (Children between 6 and 16 years)—			‡2	2
(a) Non - pulmonary tuber- culosis (excluding cervical glands) (b) General orthopaedic con-		128	‡6	134
ditions (c) Organic heart disease (d) Other causes of ill-health		167 50 516	‡27 ‡14 ‡26	194 64 542
Carried forward	852	4,881	166	5,899

	1			
	(a)	(b)	(c)	
Disability.	At ordinary school.	At special schools or classes.	At no school or institution.	Totals.
Brought forward	852	4,881	166	5,899
S. MULTIPLE DEFECTS—  (i) Mentally handicapped (included and physically handicapped ""				
handicapped ("general orthopaedic conditions") (ii) Mentally handicapped (ineducable) and physically handicapped ("other causes		26	24	50
of ill-health '') (iii) Mentally handicapped		47	1	48
(ineducable) and epilepsy (iv) Mentally handicapped (ineducable) and defective		12	4	16
hearing  (v) Mentally handicapped (ineducable) and defective	-	8		8
vision (vi) Mentally handicapped (educable) and physically handicapped ("general or-	-	36		36
thopaedic conditions'') (vii) Mentally handicapped	-	76		76
(educable) and epilepsy (viii) Mentally handicapped (educable) and physically handicapped ("other causes		36	-	36
of ill-health'') (ix) Mentally handicapped (educable) and defective		390	-	390
hearing (x) Mentally handicap <b>p</b> ed (educable) and defec <b>t</b> ive	-	168	_	168
vision (xi) Other multiple defects	Andrews.	298 113	6	298 119
Totals	852	6,091	201	7,144

<sup>\*</sup> Pupils examined at Routine Medical Inspection during the session.

<sup>¶</sup> A number of cases of severe epilepsy "not suitable for care in a residential school" are lodged in Certified Institutions and the Colony for Epileptics, Bridge of Weir.

<sup>†</sup> Children attending Child Guidance Clinics during the session.

<sup>!</sup> Home Tuition cases.

TABLE V.—DENTAL INSPECTION AND TREATMENT.

DENTAL INSPECTION.—

(1) Number of Children Inspected by the		1953	ē	1952	1951
DENTAL OFFICERS.  AGE.	System- atic Exam- inations.	Other Cases.	Totals.	Totals.	Totals.
2 3 4 5 6 7 8 9 10 11 12 13 14 15		Nil.	16 5,805 6,243 5,173 5,444 5,714 5,373 5,078 3,358 2,129 2,151 302 10	3 66 5,089 4,802 5,135 5,585 4,961 5,135 4,838 2,839 2,324 2,223 310 19	48 3,778 4,672 5,086 4,585 4,512 4,561 4,451 2,745 1,862 1,831 290
Totals	46,796		46,796	43,329	38,422
<ul> <li>(1A). No. of schools inspected</li> <li>(1B). Half-days spent at inspection</li> <li>(2). Found to require treatment</li> <li>(2A). Number of children accepting treatment</li> </ul>	77 205 35,791 (76.5%) 17,983 (50.2%)	Nil.	77 205 35,791 (76·5%) 17,983 (50·2%)	72 192 33,242 (76·7%) 18,436 (55:4%)	65 173 29,132 (75.8%) 16,372 (56.3%)
(2B). Cards not returned or returned blank (2c). Promised private treatment	934 (2·6%) 16,874 (47·2%)		934 (2.6%) 16,874 (47.2%)	(55·4%) 1,072 (3·3%) 13,734 (4x·3%)	(56·2%) 1,211 (4·2%) 11,531 (39·6%)

## DENTAL TREATMENT.—

	1			1	
		1953		1952	1951
	System- atic Exam- inations.	Other* Cases.	Totals.	Totals.	Totals.
(3). Actually treated by the school dental officers (3A). Number of the above cases where treatment	18 <b>,28</b> 8	8,741	27,029	25,019	28,973
was completed	11,298 (61·8%)	5,356 (61·3%)	16,654 (61·6%)	18,343 (73·3%)	18,385 (63·5%)
(4). Number of attendances for treatment (4A). Attendances, but	43,768	20,622	64,390	60,531	61,267
treatment not given	1,738	1,085	2,823	3,797	4,590
(5). Fillings—  (a) Permanent teeth  (b) Temporary teeth	11,593 1,802	4,964 456	16,557 2,258	16,685 2,138	13,453 2,356
(6). Extractions— (a) Permanent teeth— Without anaesthetic With local anaesthetic With general anaesthetic (b) Temporary teeth— Without anaesthetic With local anaesthetic With general anaesthetic with general anaesthetic	2,588 180 63 20,418 474	3,163 242 15 9,657 537	8 5,751 422 78 30,075 1,011	49 5,402 443 30 29,415 1,112	14 5,590 326 41 33,979 472
(7). Number of administrations of general anaesthetic for extractions	146	145	291	320	205
(8). Other operations— (a) Permanent teeth— Scalings Gum treatment Silver nitrate dressings Temporary fillings Others (b) Temporary teeth—	1,682 372 485 3,439 6,996	576 298 85 1,951 1,182	2,258 670 570 5,390 8,178	2,846 1,077 553 4,978 2,850	2,872 1,499 625 4,528 2,574
Scalings Gum treatment Silver nitrate dressings Temporary fillings Others	1 21 5,270 333 200	35 997 194 21	1 56 6,267 527 221	34 130 6,478 305 292	212 197 7,793 421 644

<sup>\*</sup>Obtained from sources other than Routine Dental Inspection, including emergency treatment cases and patients referred by school medical officers, teachers, etc.

		<b>195</b> 3	1952	1951	
	System- atic Exam- inations.	Other Cases.	Totals.	Totals.	Totals.
(9) Half-days devoted to inspection Half-days devoted to treatment	205 5,230	1,983	205 7,213	192 7,122	173
Half-days devoted to orthodontic treatment	Not available.		6 <b>5</b> 3	658	611
(10) Number of children treated under private arrangements	Not known				r
(11) Ratio of fillings to extractions (permanent teeth only)	418 : 100	145 : 100	268 : 100	283:100	227:100

Orthodontic Treatment—380 cases were treated, 129 being completed; attendances totalled 4,021 and there were 2 attendances without treatment being given. Treatment included: appliances—first impression, 332; progress impression, 900; insertions—first, 167 subsequent, 463; total, 630. Adjustments numbered 2,401, another 13 were referred to original clinic for adjustment, and 321 other operations were performed.

Other work—Crowns, 9; artificial dentures, 159; root treatments, 7; special operations, 7; X-ray examinations, 353; gold inlay, 2.

AGE DISTRIBUTION OF "OTHER CASES."-

Age in years	•••	1	2	3	4	5	6	7	8
Number treated		2	22	100	247	913	771	798	897
Age in years	• • •	9	10	11	12	13	14	15	16 or over
Number treated	* * *	1,142	912	739	739	820	529	94	16

APPENDIX VI.—SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS (of which details are given throughout Report) showing comparison with Statistics for previous two years.

A. Inspection.

Type.	Cases 1953	- Cases 1952	Cases 1951
Systematic Examinations (page 47)	52,939	51,349	47,646
Systematic Examinations— Special Schools (page 47)	1,251	1,245	1,182
Other Examinations in Schools (page 48)	53,232	52,800	53,151
Other Examinations mainly in Clinics (page 48)	32,493	33,465	30,649
Cleanliness Examinations (page 48)	166,515	162,220	157,248
Dental Inspections (page 77)	46,796	43,329	38,422
Totals	353,226	344,408	328,298

B. TREATMENT.

		Cases.		A	ttendances	
Disease or Defect.	19 <b>5</b> 3	1952	1951	1953	1952	1951
(a) MINOR AILMENTS—						
EAR						
Examined only	1,218	1,339	1,402	1	50 150	
Clinic Treatment	2,293	2,399	2,239	49,896	59,158	56,119
Aurists' Examinations	1,108	1,107	773	1,108	1,107	773
Aurists' Classifications	150	11	78	150	26	94
Audiometric Surveys	1,032	1,034	742	1,036	1,201	749
(page 25)	5,801	5,890	5,234	52,190	61,492	57,735
EYE (page 28)	2,127	2,159	2,280	17,297	17,851	20,414
Skin—						
Cuts, minor injuries,						
etc	3,370	3,251	3,148	108,738	106,380	106,307
Clinic Treatment	12,116	12,077	11,682	J		
Cleansing Clinics	342	413	386	728	804	603
Ringworm—Head	28	47	43	30	48	43
Body	83	136	143		d under '' Treatment.''	
Scabies Baths	*(178)	*(250)	*(265)	1,307	1,795	1,725
(pages 29 and 30)	15,939	15,924	15,402	110,803	109,027	108,678
(b) DEFECTIVE VISION—	8,722	9,946	9,288	10,155	11,554	10,583
Spectacles supplied	4,629	5,516	5,446	6,271	7,297	7,155
(page 30)	13,351	15,462	14,734	16,426	18,85 <b>1</b>	17,738

<sup>\*</sup> Cases are included under "clinic treatment" but attendances are shown separately.

		Cases.		Å	ttendance	s.
Disease or Defect.	1953	1952	1951	1953	1952	1951
(c) EAR, NOSE AND THROAT—						
Tonsils and Adenoids operations	1,714	1,248	1,017	5,047	3,959	3,297
Other operations	12	13	38	12	13	38
(page 31)	1,726	1,261	1,055	5,059	3,972	3,335
(d) ORTHOPAEDIC—						
Examined only	1,121	1,363	1,222	1,121	1,363	1,222
Plaster Cases	_	138	235	_	138	235
Treated by exercises	847	729	806	18,570	18,035	16,456
Treated outwith clinics	20	119	127	372	1,032	1,035
(page 32)	1,988	2,349	2,390	20,063	20,568	18,948
(e) OTHER DISEASES—						
General	5,945	5,697	6,147	17,512	17,272	18,543
Supply of Medicines	2,316	2,008	2,114	19,306	18,491	18,111
Artificial Light	1,792	1,836	1,797	22,952	24,958	23,099
Cardiac Cases	175	162	244	347	316	382
(page 35)	10,228	9,703	10,302	60,117	61,037	60,135
(f) DENTAL (page 78)	27,029	25,019	28,973	67,213	64,328	65,857
(g) REMAND HOME (page 87)	410	459	51	410	459	51
(h) DEFECTIVE SPEECH (pages 91 and 92)	935	773	718	8,711	7,721	5,494
Totals	79,534	78,999	81,139	358,289	365,306	358,385

APPENDIX VII.—NURSERY SCHOOLS AND DAY NURSERIES.

See Report for 1950, page 79.

At the end of July, 1953, the Education Department was responsible for the administration of 38 Nursery Schools having places for 1,434 children and of Southannan Residential Nursery School, Fairlie, and Dunclutha Nursery School, Kirn, where 36 and 22 children respectively were accommodated. On the same date, the Health and Welfare Department had under its management 15 Day Nurseries with approximately 700 places and one 24-hour Day Nursery for 40 children whose mothers worked on nightshifts.

The arrangements for the medical supervision of children in nursery schools were similar to those which obtained in the previous school session, each school being visited fortnightly by a School Medical Officer and by a school nurse in the alternate week when the doctor was not due. During the year ended 31st July, 1953, children to the number of 955 (465 boys and 490 girls) were subjected to "routine inspection" and 3,427 were medically examined at the request of teachers. The results of these examinations are detailed below.

#### ROUTINE INSPECTION.

(i) Numbers and Percentages of Children Suffering from Defects, (see Table II, page 52 for full details of headings).

Nature of defects found		19	53	1952	1951
Nature of defects found	Boys.	Girls.	Totals.	Totals.	Totals.
Unsatisfactory clothing Uncleanliness of head (nits) Skin conditions of head or body Defective nutrition Mouth and teeth unhealthy Naso-pharyngeal conditions Eye diseases (excluding defective vision) Defective vision Ear diseases (including defective hearing) Mental and nervous conditions Defects of circulatory system Pulmonary conditions Deformities Other diseases or defects	8 14 3 4 86 17 16 6 5 8 32 13 9	1 20 18 10 7 61 16 22 4 3 2 8 33 14 18	1 (0·1%) 28 (2·9%) 32 (3·4%) 13 (1·4%) 11 (1·2%) 147 (15·4%) 38 (4·0%) 10 (1·0%) 8 (0·8%) 2 (0·2%) 16 (1·7%) 65 (6·8%) 27 (2·8%)	9 (0.9%) 36 (3.7%) 19 (1.9%) 37 (3.8%) 4 (0.4%) 178 (18.2%) 45 (4.6%) 33 (3.4%) 6 (0.6%) 24 (2.55%) 2 (0.2%) 22 (2.3%) 78 (8.0%) 22 (2.3%) 40 (4.1%)	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

(ii) Classification of Children according to Remediability of Major Defects Found in the Individual Child (see Table III, page 68, for full details of headings).

		19	53	1952	1951
Classification.	Boys.	Girls.	Totals.	Totals.	Totals.
Free from defects  Defects of mouth and teeth only Temporary ailments  "Curable" defects  Improvable defects  Defects not improvable  Totals	301 2 99 42 21 —	328 5 106 32 19 —	7 (0•7%) 205 (21·5%) 74 (7·7%) 40 (4·2%)	596 (61·1%) 4 (0·4%) 226 (23·2%) 116 (11·9%) 33 (3·4%) 1 (0·1%)	519 (58·2%) 2 (0·2°) 207 (23·2°) 98 (11·0%) 66 (7·4%) ————————————————————————————————————

# (iii) Additional Information.

Parents were notified of defects found in 276 instances, 74 (7.7 per cent.) of these being due to clothing, cleanliness, or minor dental defects, and 202 ( $2I \cdot 2$  per cent.) being in respect of other defects. School Medical Officers also noted 72 cases (7.5 per cent.) for reinspection as a result of defects observed in clothing, cleanliness, or for minor dental defects, and 249 children ( $26 \cdot I$  per cent.) having other defects. "Sound teeth" was recorded in 736 cases ( $77 \cdot I$  per cent.), 727 pupils ( $76 \cdot I$  per cent.) were recorded as having had complete diphtheria immunisation and 578 ( $60 \cdot 5$  per cent.) as having been successfully vaccinated or re-vaccinated. The age distribution of the children at the date of inspection was: 2 years, 283; 3 years, 378; 4 years, 276; 5 years, 18.

# INSPECTION OF NON-ROUTINE CASES.

Children to the number of 3,427 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows:—

Nits minor, 9: nits major, 1; skin conditions, 386; eye conditions, 268; ear, nose and throat defects, 310; "general" defects, 1,864; defective teeth, 47; no apparent disease, 329; and other causes, 233.

# RE-INSPECTION OF "ABNORMAL" CASES.

No pupils were re-inspected during the session.

# APPENDIX VIII.—MASS MINIATURE RADIOGRAPHY.

The School Health Service continued to arrange with the Mass Miniature Radiography Centre for the X-raying of pupils attending Glasgow schools. Children mostly of 14 years and over were dealt with, a miniature photograph being taken of each, and any case of apparent abnormality being recalled for a large film and/or medical examination.

In the course of Session 1952-53, pupils to the number of 13,893 (7,311 boys and 6,582 girls) were examined. Of these, 13,487 (7,115 boys and 6,372 girls) had a miniature film only taken, and the remaining 406 were recalled as follows:—

	Во	ys.	Gir	·ls.	Tot	als.
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
For large film only	122	16.7	128	19-4	250	18.7
For medical examination only	20	2.7	28	4.3	48	3.4
For medical examination and large film	12	1.6	9	1.4	21	1.5
For observation by M.R. Unit	42	5.7	45	6.8	87	6.3
Total number recalled	196	26.8	210	31.9	406	29.2

Details of the abnormalities discovered during the year are shown in the following table, with particulars of the action taken:—

ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY UNIT.

NOTE. -- Of the known cases, one boy and one girl were originally discovered by the Unit.

# APPENDIX IX.—MEDICAL SUPERVISION OF REMAND HOME.

The medical supervision of children in the Remand Home continued to be undertaken by School Medical Officers who visited the Home on a weekly rota and were on call at any time of the day or night. Children were medically examined within twenty-four hours of admission, immediately prior to discharge and at any other time considered necessary by the visiting Medical Officer or the Superintendent. As before, Friday afternoon each week was reserved for the routine inspection of every child in the Home.

On admission, all children were treated for nits and vermin to ensure the Home against preventable infestation, as it was found that the child who was free from such conditions on arrival was the rare exception. These and any other defects found by the Medical Officer in the course of visitation subsequently, were dealt with as considered advisable.

During the year ending 31st July, 1953, children to the number of 1,264 (1,166 boys and 98 girls) were admitted to the Home and during this period there were 3,324 (3,058 of boys and 266 of girls) medical examinations. Children found to be suffering from various ailments were on the advice of the visiting School Medical Officer disposed of as follows:—

Treated in the Home, 360; treated at clinic, 41; X-rayed, 2; removed to hospital, 7.

# APPENDIX X.—DIPHTHERIA IMMUNISATION CAMPAIGN

See Report for 1949, page 86.

A short-term campaign in schools was organised in the early spring of 1953. As before, parents were invited to present for inoculation their children of primary school and pre-school ages, the offer again including provision for the giving of "boosting" injections.

The Table below gives details of (i) the numbers of injections performed in schools (as compiled from the returns of School Medical Officers) during the course of the "drive" and (ii) the numbers recorded at the regular clinics throughout the whole year. Comparative figures for each of the previous years back to 1949 (the first year of the reorganised scheme) are also shown.

Perusal of the Table reveals that in 1953 more injections were given than in the preceding year—both at school and clinic—the largest single increase being in respect of re-inforcing doses. The value of an annual short-term campaign is clearly demonstrated by the fact that again the proportion of children immunised in schools during the brief period of the "drive" was three times the number treated at the *ad hoc* clinics during the complete year.

		1	At School	s.	At	Clinics.	
		Under 5 years.	Over 5 years.	Totals.	Under 5 years.	Over 5 years.	Totals.
First Injections	1953	294	8,056	8,350	5,300	288	5,588
,	1952	365	7,376	7,741	4,695	300	4,995
	1951	618	7,842	8,460	4,707	285	4,992
	1950	434	5,619	6,053	5,524	214	5,738
	1949	Not av		7,512	8,081	245	8,326
Final Injections	1953	307	6,661	6,968	4,584	689	5,273
(completed)	1952	329	7,199	7,528	3,985	676	4,661
, , ,	1951	380	6,695	7,075	4,227	634	4,861
	1950	349	4,739	5,088	5,179	633	5,812
	1949	394	4,882	5,276	7,811	695	8,506
Re-inforcing Doses	1953	257	19,287	19,544	123	366	489
	1952	223	15,530	15,753	123	405	528
	1951	349	21,091	21,440	74	505	579
	1950	131	18,675	18,806	108	418	526
	1949	Not av	ailable	22,645	141	789	930
Total Number of	1953	858	34,004	34,862	10,007	1,343	11,350
Injections	1952	917	30,105	31,022	8,803	1,381	10,184
	1951	1,347	35,628	36,975	9,008	1,424	10,432
	1950	914	29,033	29,947	10,811	1,265	12,076
	1949	Not ava	ailable	35,433	16,033	1,729	17,762

### APPENDIX XI.—SPEECH THERAPY.

Two surveys were undertaken, during the course of the period to which this Report refers, with a view to discovering the incidence of speech defects among (a) children of school age for whom special educational facilities were provided and (b) children attending nursery schools and day nurseries.

With regard to the survey of children in schools for the physically handicapped, eleven of such schools were visited and 660 pupils out of a total roll of 873 were tested; 282 children were found to have some form of speech defect as shown in the following table:—

Incidence of Speech Defects in P.H. Schools.

Type of	Defect.		Boys.	Girls.	Totals.
Dyslalia— Simple Multiple Idioglossia Stammer Dysphonia Cleft Palate Dysarthria Dysphasia		 	 71 64 1 14 6 2 7	60 32 3 4 9 1 5	131 96 4 18 15 3 12
	Totals	 • • •	 168	114	282

Following the above survey it was decided to arrange for the visitation and treatment of the affected children on the school premises and, for the purpose, two speech therapists shared this work. On a rota system, each school was visited weekly, in most instances a whole day being spent in each school. Details of the numbers treated are shown on page 91.

The survey of pre-school children was made during the summer vacation of 1953, 38 nursery schools and 16 day nurseries being visited with the following results:—

Incidence of Speech Defects in Nursery Schools and Day Nurseries.

		Nursery	School C	hildren.	Day N	ursery Ch	ildren.
Type of Defec	t.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Dyslalia— Simple Multiple Idioglossia	•••	145 139 12	143 137 3	288 276 15	82 41 1	62 20 1	144 61 2
Stammer	***	9	6	15	8		8
Dysphonia	•••	3	7	10			
Dysarthria			1	1			
Delayed Speech and Speakers	Non-	2	1	3	10	3	13
Totals	***	310	298	608	142	86	228
Total No. on Roll		692	702	1,394	351	302	653
Total No. Tested	•••	397	403	800	253	211	464

Many of the speech defects recorded in the following table were of a minor nature but it was felt, nevertheless, that speech therapy for pre-school children was worthy of some consideration. The introduction of a pilot scheme might be possible at an early date.

The normal scheme continued to function throughout the year; a table showing details of the work is provided on page 92. These statistics mainly refer to pupils in ordinary schools but include a small number of children at special schools who were treated during the first part of the session prior to January, 1953.

(i) Cases of Speech Defect Treated in Special Schools during the Period January to June, 1953.

ı	]	S.									1
	Current Cases.	Girls.	- 23	0000		- 23	 		ıC	31	
	Cn	Boys.	16	24	-	2	-		7	55	
	Transferred.	Girls.	1	-0-1	2	_				7	
	Trans	Boys.	4	4.03	2	1			က	16	
	t to rate.	Girls.	1	1111	1	1		1	1		
D.	Failed to Co-operate.	Boys.	1		1		1		1	-	
RGE	tis- ory.	Girls.			1	1	1	1		1	
DISCHARGED.	Unsatis- factory.	Boys.		1111	1					-	
DIS	ved.	Girls.		1111				1	1	1	
	Improved.	Boys.	1	1111	1		1			1	
	tory.	Girls.	1	63				1	-	က	
	Satisfactory.	Boys.	<del>-</del>	23 10	1	1			7	10	
	r of ents	Girls.	11	93 173 13 23	18	18	1	က	92	428	60
	Number of Treatments	Boys.	151	215 126 	14	16	6	23	139	681	1,109
		Girls.	Ç1	000000	က	က			9	41	124
	Cases Treated	Boys.	12	30	က	63			12	83	12
	7	Advice only.	1	-	1	I		1			
				::::	:	:	:	:			*
	(	or Case.	:	 	:	•	:	:	:		,
		Details of Cases.	Stutter	Dyslalia Multiple Simple Idioglossia Delayed Speech	Partially Deaf	Cleft Palate	Dysphonia	Aphasia	Others	E E	ı orans

Number of Treatments Satisfactory Improved factory, Co-operate, Transferred Cases.  Boys. Girls.	DEFEC	Н	SPEECH DEFECT (MOSTLY OF CHILDREN IN	Y OF	Снигр	ZEN ID	N ORD	INARY	Scно	ors) I	[REATE	na as	SING Y	EAR I	Ordinary Schools) Treated during Year ended 31st July, 1953.	31sT	July,	1953.
ber of tunents         Satisfactory         Improved factory.         Unsatis-factory         Failed to co-operate.         Transferred.         Cass Cass Carls.           Girls.         Boys.         Girls.         Girls.         Boys.         Girls.         Girls.         Girls.         Girls.         Girls.								_		IQ	SCH	ARGI	A					
Girls.         Boys.         Girls.         Girls.         Boys.         Girls.	Cases Treated				Numb	er of nents	Satisfa	ctory	Impre	oved	Uns	atis- ory.	Faile Co-op	t to srate.	Transfe	erred.	Car	ent es.
317     41     6     21     3     6     —     13     4     21     4     63       369     17     7     4     3     11     1     12     4     22     9     77       369     17     7     4     3     11     1     12     4     22     9     77       83     —     —     1     —     —     1     1     1     9       83     —     —     —     —     —     1     1     1     1     9       53     3     1     2     —     —     —     —     1     1     1     1     1       111     —     —     —     —     —     —     —     2     6       55     1     —     —     —     —     —     —     4       111     —     —     —     —     —     —     —     4       -     —     —     —     —     —     —     2     —       -     —     —     —     —     —     —     2     5       -     -     —     —     —     —     3 <td>Boys. Girls.</td> <td>Girls.</td> <td>Girls.</td> <td></td> <td>Boys.</td> <td>Girls.</td> <td></td> <td>Girls.</td> <td>Boys.</td> <td>Girls.</td> <td>Boys.</td> <td>Girls.</td> <td>Boys.</td> <td>Girls.</td> <td>Boys.</td> <td>Girls.</td> <td>Boys.</td> <td>Girls.</td>	Boys. Girls.	Girls.	Girls.		Boys.	Girls.		Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
919     54     28     11     4     1     1     2     2     1     13       79     17     7     4     3     1     1     2     2     1     13       79     3     -     -     1     -     1     -     1     1     9       83     -     -     1     -     -     1     -     1     1     9       256     -     1     -     -     -     1     1     1     1     2       -     -     -     -     -     -     -     -     -     -     4       -     -     -     -     -     -     -     -     -     4       -     -     -     -     -     -     -     -     -     -     4       -     -     -     -     -     -     -     -     -     -     -     -     -       -	53 165 28 2	28		C1	,242	317	41	9	21	8	9		13	4	21	4	63	11
53     3     1     2     —     —     —     —     —     2     6       256     —     —     —     —     —     —     —     2     10       111     —     2     —     —     —     —     —     4       —     —     —     —     —     —     —     4       48     1     1     —     —     —     —     —     —       2,235     116     46     43     10     8     1     29     11     54     25     191     8	63 177 80 1, 12 37 26 4 4 14 8 4 5 5	80 280 58		<del>, _</del>	924 416 141 37	919 369 79 83	54	28	1481	4011		-	12	4011	222	0	77 13 9	34 7 7
256     -     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     4     4       111     -     -     -     -     -     -     -     1     -     4     4       -	20 12 8		∞		174	53	က	_	7	[	1	1		1	1	23	9	ıo
111     —     2     1     —     —     —     4       —     —     —     —     —     —     2     —     2       48     1     1     —     —     —     —     —     3     2     5       2,235     116     46     43     10     8     1     29     11     54     25     191	2 12 20	20			211	256	1	-	1		1	1	-			5	10	13
-     -     -     -     -     -     -     2     -     2       48     1     1     -     -     -     -     -     3     2     5       2,235     116     46     43     10     8     1     29     11     54     25     191	1 6 6		9		121	111		7	_	1	1	-	1	1			4	mg/
2,235     116     46     43     10     8     1     29     11     54     25     191	4	4	1		37	1	1		1	1	1	1	1	***	ÇĬ	1	©1	1
2,235     116     46     43     10     8     1     29     11     54     25     191       ,602     .602	24 9 4		4		64	48			1	1	1	1	1	-	က	01	5	-
7,602	184 441 185	185				2,235	116	46	43	10	20	-	59	=	5.4	25	191	65
	626	626	9		7,6	02												

Note: -The above includes a few cases in special schools treated during part of the session prior to January, 1953.

## APPENDIX XII.—AUDIOMETRIC SURVEYS.

See Report for 1950, page 89.

The scheme continued to function satisfactorily, the limited services of the aurists being utilised to the best advantage.

As before, audiometricians visited schools to test, by the "sweep" method, the hearing of pupils in selected age-groups. Children who failed to pass were subsequently tested by pure-tone audiometer and those who again failed were referred for otological examination.

The preliminary examination of cases referred from the surveys was again undertaken by a school medical officer, only the more serious cases being passed to the aurist.

In the course of the session, 3,242 pupils born in 1943 (remainder of Survey No. IV) and 11,643 born in 1944 (Survey No. V) were tested in 50 and 169 schools respectively by the "sweep" method. During the same period, 46 and 186 pupils in the respective age-groups already mentioned, and who were absent at the date of the routine visit, were also tested at the request of head teachers.

The pure-tone test was given to 733 children from Survey No. IV and 607 from Survey No. V. Of these, 437 and 410 respectively were referred for otological examination. In addition, 29 cases—18 from Special Schools Section and 11 referred by School Health Service—were tested by pure-tone audiometer.

A summary of the work done throughout the year by the audiometricians may be summarised thus:—

	Survey (Born in	No. IV n 1943).	Survey (Born in			
	Routine	Non- Routine	Routine	Non- Routine	Others	Total
No. "sweep" tested in schools	3,242	46	11,643	186		15,117
No. pure-tone tested	687	46	515	92	29	1,369
Referred to Otologist	399	38	326	84		847
Schools visited	5	0	1	69		219

The results of the otological examination of cases referred from the various surveys are included elsewhere in this Report under the appropriate headings along with similar information from other sources. As in previous Reports, however, some details of the work accomplished during the period in connection with individual surveys are given in succeeding pages.

#### MEDICAL EXAMINATION.

The following Table shows the numbers of children summoned to clinic during the year for examination, the numbers who attended, a summary of the recommendations by the specialists and the classification of cases according to the degree of deafness found at the first examination.

Fewer cases were seen by the specialists compared with the previous year but a much greater proportion of the numbers summoned reported for their first examination. By the end of the session, all cases from Surveys I to IV had been summoned at least once and as many from Survey V as was conveniently possible within the limited period remaining.

	Survey No. I.	vey I.	Survey No. II	rey III	Survey No. III	'ey III	Survey No. IV.	/ey IV.	Survey No. V.	۲. cc		Totals.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Total.
Summonses— First examination	139	26	57	63	43	8	377	349	119	114	497 170	471 182	968 352
ATTENDANCES First examination Re-examination	21	18	35	47	32	4 40	304	283	98	9	403 122 1	377 130 3	780 252 4
RECOMMENDATIONS— Clinic treatment  Tonsils and adenoids operation  Audiogram  X-ray examination  Hospital treatment  Front seat in class Specialist examination  Other recommendations  GRADINGS—First examination only—	0   000   0	1 0 1 1 4	2   8 5 5 5 5 -     2	6     - 2 2 2 2 2 3	21 00 00 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 6 1 1 9 9	94 83 31 15 10 10 18 83 39 39	228 228 228 228 228 238 248	27	33 26 7 7 7 19 8 8 1 19 8 8 1	111 1111 78 78 33 39 30 30 30 30	134 108 855 855 12 12 41 47 47	253 219 163 86 33 8 80 99 71
Normal			1111-	11111		0     0	231 61 2 10	203 72 1 6	78 16 3	70 19	309 77 5	275 91 2	1 584 168 7 7
			1	1		4	304	283	86	06	403	377	780

TREATMENT.

All cases recommended for clinic treatment were summoned in the usual manner to the local School Health Service clinic, given the prescribed treatment and subsequently referred back to the specialist. Operations and other forms of treatment and investigation were undertaken in conjunction with the various hospitals and special clinics—the results of some of these are given below.

Ear, Nose and Throat Operations.—Over the period, 126 children (67 boys and 59 girls) had tonsils and/or adenoids removed in one or other of the hospitals. Included in these numbers are 9 cases (4 boys and 5 girls) who were also treated (in Mearnskirk Hospital) for other ear, nose and throat conditions.

Audiograms.—Audiograms totalling 170 were completed during the session at the Ear, Nose and Throat Hospital (Hearing Aid Clinic) where bone and air conduction tests were given.

Hearing Aids.—Children to the number of 8 (3 boys and 5 girls) were referred during the year to the Hearing Aid Clinic. During the same period 2 boys and 5 girls were supplied with instruments.

### DISPOSAL.

In the course of the session a number of cases were passed to the Education Department for disposal in respect of their educational needs, most of them having been graded according to the degree of deafness. These cases are listed in the following Table under the various Audiometric Surveys.

			Survey	Numbe	or.	
	I	II	III	IV	V	Total
Reason for Disposal— Graded according to degree of deafness	14	56	41	560	157	828
Repeatedly failed to attend	1		1	16	4	22
Parent intimated private treatment being obtained			_	20	3	23
Over school age—referred to E.N. and T. Hospital	28	_		_	_	28
Transferred to other local authorities		_		3	2	5
	43	56	42	599	166	906

# APPENDIX XIII.-MORTALITY OF SCHOOL CHILDREN.

The appended Table shows the numbers of Glasgow children aged between 5 and 15 years who died during the year ended 31st July, 1953. Causes of death are listed and the figures are arranged in two age-groups and according to sex. Totals for the years 1952 and 1951 (the first year to be so recorded in these Reports) are given for comparison.

Certain points of interest may be noted from perusal of the statistics:—

- (1) Fewer deaths were recorded during the period compared with those in each of the years 1952 and 1951, the improved Tuberculosis figures being mainly responsible.
- (2) Deaths from infectious disease continued to form a very small proportion of the whole. It should be noted, also, that the sole death from Diphtheria occurred to a child who had never been immunised—although protection against this disease is readily available at school and elsewhere.
- (3) An increase in the number of deaths from violence was reported, 44 per cent. of the total deaths in 1953 being due to this cause as compared with 35 per cent. previously. More fatalities than usual were recorded among boys in the older group—twice those in either of the preceding years.

# Deaths During Year Ended 31st July, 1953, of Children Aged 5-15 Years.

	ī		1						
	5-10		10-15		All				
	years		years		Ages		1953	1952	1951
Cause of Death		1							
	Boys	Girls	Boys	Girls	Boys	Girls	Totals	Totals	Totals
Tuberculosis—									
Respiratory	1	1	l _ i	2	1	3	4	11	5
Meningeal	1	_		1	i	1	2	8	15
Abdominal	l —		_			_	_	_	1
Others	l —					:		3	1
Infectious Disease—									
Diphtheria	-	1	<u> </u>			1	1	3	_
Acute Poliomyelitis	-		1		1		1		
Dysentery	—	_					_	1	_
Whooping Cough							_		1
Cerebro-Spinal Fever	-				_	—	_		1
Tetanus	1	_		_	1	_	1	1	1
Others	-		_	_	_	_			1
Mental and Nervous Diseases—									0
Epilepsy	-					_	_	1	2
Meningitis (non-Meningo-								, ,	
coccal) Others	1	1	2	_	3	1	_	4 7	12
Others Circulatory Diseases—	1	1	4		0	1	4	'	12
Diamondia Dama		1		2		3	3	2	3
Chr. Rheumatic Heart		1				U	3	-	3
Disease			1	1	1	1	2	2	1
Other Heart Diseases	1	1			1	i	$\frac{1}{2}$		i
Other Circulatory Diseases				1		i	ī		
Respiratory Diseases—						•	î î		
Influenza	_							1	2
Pneumonia	_	1		1		1	1	2	3
Others	_						_	1	
Digestive Diseases—									
Enteritis and Colitis	_		_		1		_	1	3
Appendicitis	1	1	1	1	2	2	4		5
Others	—	_			77.0			2	1
Violence—									
Road Traffic Accidents	9	2	2	1	11	3	14	11	18
Other Violent Causes	15	4	11	1	26	5	31	27	26
Other Diseases—									
Malignant Neoplasms	2	3	2		4	3	7	10	8
Benign and Unspecified							_		
Neoplasms	3	1	_	1	3	1	5	2	1
Anacmias		1	2	-0	$\frac{2}{1}$	$\frac{1}{3}$	3	1	_
Congenital Malformations	1	1	2	2	2	0	4	4	4 3
Nephritis and Nephrosis All Other Causes	2	$\begin{bmatrix} 1\\2 \end{bmatrix}$	2 2	1 2	4	4	4 8	$\begin{bmatrix} 1\\2 \end{bmatrix}$	4
All Other Causes		4		-	- 4	-4	8		-4
Totals	38	22	26	16	64	38	102	108	123
300000000000000000000000000000000000000				1	`` ^				
	.0								

arranged in five groups and combined with the medical remediability classifications of Table III, to show comparative regarding which was obtained at systematic medical inspection. In the following table, the occupations have been The occupation of the parent was added, from the beginning of the school year, to the list of items information health conditions of children in each of the so-called Social Groups.

APPENDIX XIV.—SOCIAL GROUP AND MEDICAL REMEDIABILITY CLASS.

Numbers and Percentages of Children in Ordinary Schools Placed in Various Medical ("Remediability") Classes Arranged According to Social Group of Parent.

		als	%	67.3	6.5	14.5	11.8	0.0	100.0
		Totals	No.	35,598	3,416	7,669	6,240	12	52,935
		ıring	%	62.0	7.5	17.0	13.5		100.0
		5 Labouring	No.	6,763	823	1,859	1,471	1	10,916
		killed	%	65-3	6.7	15.4	12.6	0.0	100.0
the state of the s	4	Semi-Skilled	No.	9,821	1,013	2,313	1,898	ıo	15,050
		pa	%	68.7	6.5	13.9	11.1	0.0	100.0
	3	Skilled	No.	13,281	1,192	2,691	2,153	4	19,321
	2	cal	0/0	74.7	5.2	10.5	9.5	0.0	100.0
		Clerical	No.	5,311	369	748	629	က	7,110
		ional	%	78.4	3.5	10.8	7.2		100.0
		Professiona	No.	422	19	58	39		538
		Social Group of Parent		I Children free from defects	II Children suffering only from slightly defective vision and/or oral sepsis	III Children suffering from temporary defects (other than in II)	IV Children suffering from curable or improvable defects	V Children suffering from defects not considered improvable	Total Numbers of Children Examined

Analysis of the statistics in the table reveals the following:—

- (1) The percentage of children free from defects was greatest for Social Group 1 (Professional) and diminished progressively for each of the remaining groups.
- (2) The percentage of children in each class of medical defect decreased almost consistently from Social Group 1 to 5—only children of Group 2 (Clerical) in Medical Class III failed to conform to pattern.

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